

# **National Youth Sports Program**



## **User Documentation**

**S.P.O.R.T.S.  
Sports Program On-line Reporting  
and Tracking System**

National Youth Sports Program  
User Manual for

**nysponline.org**  
**2006**

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## Introduction

The Sports Program On-line Reporting and Tracking System (SPORTS) for 2006 has been enhanced to incorporate recommendations made by program personnel in 2001, 2002, 2003, 2004 and 2006. The National Youth Sports Corporation (NYSC) remains committed to assisting projects in the National Youth Sports Program (NYSP) by providing a user-friendly mechanism for recording the data required for compliance with the NYSP Guidelines. The system is designed to minimize the time required for data entry and to reduce redundancy.

## Browser

The SPORTS software has been developed using Microsoft web development tools. To assure proper performance of the software, please use Internet Explorer® as your web browser. Internet Explorer can be downloaded free of charge.



The 2006 SPORTS software requires use of Internet Explorer®. Version 5.5 or higher is required when using Windows® operating systems. Internet Explorer® version 5.2 for the Macintosh can also be used to enter and modify program data.

## Overview

Go to [www.nysponline.org](http://www.nysponline.org) for access to the NYSP SPORTS software website. Four institutional user names and passwords have been assigned for each institution. These user names are for the: 1) Project Administrator; 2) the Activity Director; 3) the Computer Specialist; and 4) General. The first three user names and passwords permit data entry. The fourth user name (General) provides access on a "Read Only" basis.

School <input type="text" value="Hall State University"/>		
Name	Login ID	Password
HallStatePA	ADMIN567	AL50H4689F
HallStateAD	ACTDIR567	AM56H5884F
HallStateCS	COMP 567	CM33F5924D
HallStateGNL	GNL567	GM51E5524F


All user names and passwords are case sensitive. Be sure to enter the user name and password EXACTLY as provided, paying particular attention to uppercase and lowercase letters. The format for the password is:

- two (2) capital letters, followed by
- two (2) numerals, followed by
- one (1) capital letter, then
- four (4) numerals, and ending with
- one (1) capital letter

Programs may use all three data entry user names simultaneously when entering large quantities of data (i.e. initial entry of participants or when entering participant attendance data).

\* User names for 2006 are the same as those issued for the 2004 program. Please contact the NYSP office (317/829-5777) if you cannot locate your user name and password.




## National Youth Sports Program



NYSC
Feedback
FAQ

user name

password



[click here to change your password](#)

Use the **"NYSC"** button on the NYSP Home Page to go to the home page for the National Youth Sports Corporation (NYSC). The **"Feedback"** button is an email link to the NYSP national office. Use the feedback button to report problems with the software. The **"FAQ"** (Frequently Asked Questions) button provides a quick reference point when problems with the software occur. Check FAQ before submitting a feedback request to determine if the answer to your question is already available online.

When you have successfully logged on, the following screen will appear:



## National Youth Sports Program

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[home](#) [project data entry](#) [participants](#) [reports](#) [download](#) [feedback](#)

You may use this screen to navigate anywhere within the software.

- The **"home"** button takes you back to the logon screen.

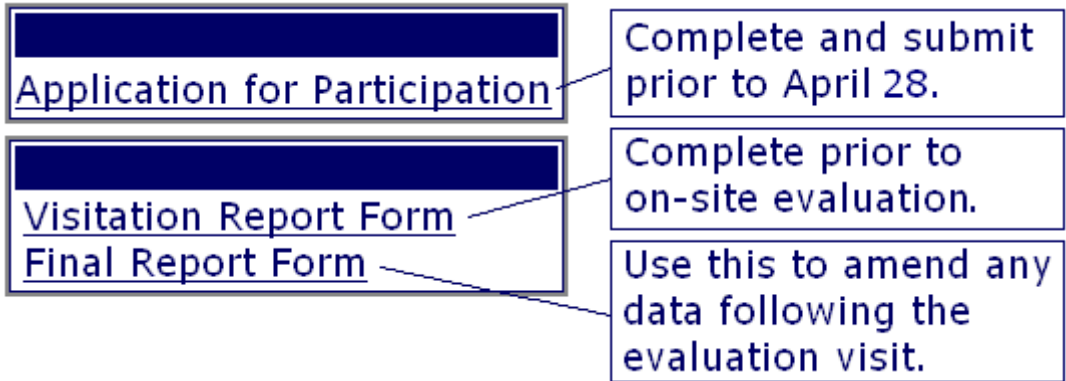
- The "**project data entry**" button takes you to all screens that permit data entry. Your access to data entry screens is controlled by the national office and is available in a set sequence. Initial access is only to those screens required for the Application for Participation. Once you have entered the required data and submitted your Application for Participation and approval is granted by the national office, access to the Visitation Report Form and the Final Report Form screens will be available.
- The "**participants**" button takes you to data entry screens that allow you to record information about the participants in your program.
- The "**reports**" button allows you to view the data that has been entered.
- The "**download**" button takes you to a listing of forms and informational items that complement the program. Examples include the NYSP Guidelines, sample letters, definition of terms related to NYSP, off-campus activity form, etc.
- The "**feedback**" button was mentioned earlier in the introduction as a means to report technical problems with the software. The "feedback" button is available in every screen within the program. Use it for reporting technical problems or requesting information related to data entry.
- The "**news**" button (not displayed in the illustration above) takes you to a site where current news about NYSP is displayed. Check this site regularly for the latest updates about NYSP.
- The "**logout**" button (not displayed in the illustration above) is used to terminate your session.

## **Timeline for Completion of Data Entry**

Access to [www.nysponline.org](http://www.nysponline.org) will be available on April 3, 2006. This will provide projects with approximately 4 weeks time in which to enter the data required in the Application for Participation (due April 28). Projects will not have access to the Visitation Report Form and Final Report Form until after the Application for Participation has been submitted, reviewed and approved at the national office (see other sections of this manual for information regarding the Visitation Report Form and Final Report Form).

Once the Application for Participation has been reviewed and approved, projects will no longer have access to the Application for Participation menu. Projects may, however, make additions or modifications to selected sections of the software by using the Visitation Report Form or Final Report Form menus.

All data for the evaluation process must be entered in the Visitation Report Form menu prior to the evaluation visit or by the 15<sup>th</sup> day of your program if your project is not being visited by an evaluator. Once the evaluation is complete, changes can only be made by using the screens available on the Final Report Form menu.



**See Appendix A for a listing of the due dates for NYSP documents and reports.**

### **Technical Assistance**

Questions regarding use of this software should be addressed to the national office at 317-829-5777. Every effort will be made to respond to your questions in the shortest time possible.



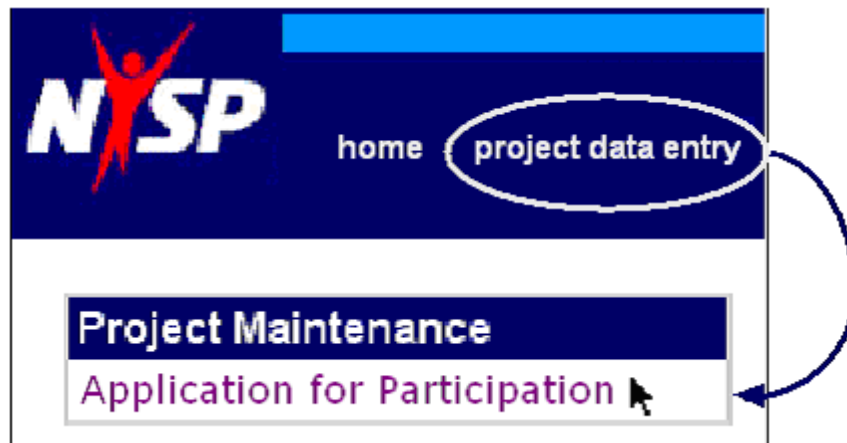
## Preparing the Application for Participation

The first portion of the NYSP software to be completed and submitted electronically to the national office is the Application for Participation. The Application for Participation must be completed and submitted prior to April 28, 2006. To complete the Application for Participation, follow these steps:

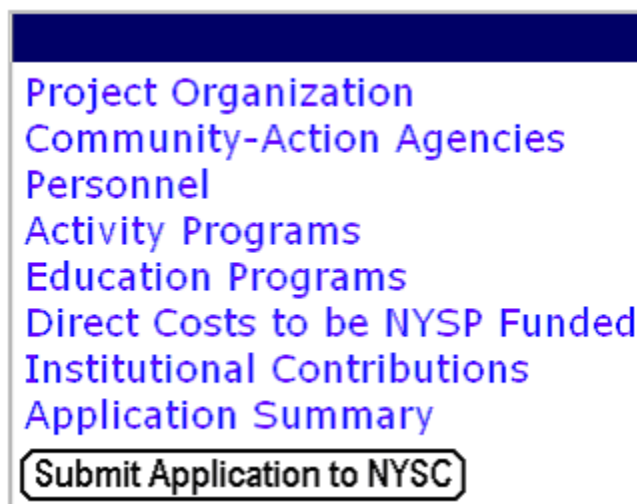
Log on to [www.nysponline.org](http://www.nysponline.org) using one of the user names and passwords that permit data entry (Project Administrator, Activity Director or Computer Specialist). Click on **"project data entry."**



The **"Application for Participation"** selection will then be displayed.



Clicking on **"Application for Participation"** will display a list of items where data entry is required. These items are illustrated below:



## Project Organization

Click on "**Project Organization**" to enter data concerning the organization of your project.



**Project Organization** ←

- Community-Action Agencies
- Personnel
- Activity Programs
- Education Programs
- Direct Costs to be NYSP Funded
- Institutional Contributions
- Application Summary

**Submit Application to NYSC**

Each field has a suggested data entry format displayed to the right of the field (although some computers may display the format below the field). For example, the date fields ask for a format in which 2 digits are used to designate the month, the day, and the year. April 9, 2006 would be entered as 04/09/06.

Application Date	<input type="text"/>	"mm/dd/yy"
Estimated Start Date	<input type="text"/>	"mm/dd/yy"
Estimated End Date	<input type="text"/>	"mm/dd/yy"

Text fields also contain suggested data entry formats.

Ship Address1	<input type="text"/>	"123 Main Street"
Ship Address2	<input type="text"/>	"Room 231"
Ship City	<input type="text"/>	"Metropolis"
Ship State	<input type="text"/>	"IN"
Ship Zip	<input type="text"/>	"46240-1840"
Congress District	<input type="text"/>	"5th"

Some fields contain data entry examples that mirror requirements of the NYSP Guidelines. For example, the NYSP Guidelines require a program to meet for a minimum of 20 activity days (although NYSP funds can be expended for up to 30 days), a minimum of one (1) day for staff orientation or participant orientation must occur prior to the first activity day of the program, and each participant must receive at least 120 minutes (2 hours) of sports activities each day (in a minimum of 2 distinctly different physical activities daily). The total hours of operation are not dictated by the NYSP Guidelines, but must be sufficient to include the required number of activity and educational hours, passing time between periods, and time spent for meals.

<b>DAYS, HOURS, AND TIMES OF OPERATION</b>			
Total Funded Activity Days	<input type="text" value="25"/>	"25"	
Total Staff Orientation Days	<input type="text" value="3"/>	"1"	
Total Participant Orientation Days	<input type="text" value="2"/>	"1"	
Sports Activity Hrs per Day	<input type="text" value="3"/>	"2"	
Total Daily Hours of Operation (Excluding Transportation)	<input type="text" value="5"/>	"5"	
Time of Day First Activity Begins	<input type="text" value="08:00"/>	am <input checked="" type="radio"/> pm <input type="radio"/>	"08:00"
Time of Day Last Activity Ends	<input type="text" value="02:00"/>	am <input type="radio"/> pm <input checked="" type="radio"/>	"05:00"

The number of meetings required by the NYSP Guidelines includes at least one weekly staff meeting and at least one (1) Advisory Committee meeting before, one (1) during and one (1) after the program.

<b>MEETINGS</b>			
Number of Staff Meetings Scheduled During Project:	<input type="text" value="25"/>	"5"	
<b>Number of Advisory Committee Meetings Scheduled</b>			
Before Project	<input type="text" value="3"/>	"1"	
During Project	<input type="text" value="1"/>	"1"	
After Project	<input type="text" value="1"/>	"1"	

Information related to nutritional services is also required within the Project Organization section. The date format is the same as that required in sections noted previously, with drop-down menus being available for the type of meal and text entry used to describe the location, preparation and service of the meals.

**NUTRITION**

Date of Application to USDA  "mm/dd/yy"

USDA Regional Office Location  "Indianapolis"

1st Meal Details		2nd Meal Details		3rd Meal Details	
Type of Meal	<input type="text" value="Breakfast"/>	Type of Meal	<input type="text" value="Lunch"/>	Type of Meal	<input type="text"/>
Location of Meal	<input type="text" value="Commons"/>	Location of Meal	<input type="text" value="Commons"/>	Location of Meal	<input type="text"/>
Prepared by	<input type="text" value="Aramark"/>	Prepared by	<input type="text" value="Aramark"/>	Prepared by	<input type="text"/>
Served by	<input type="text" value="Aramark/NYSP Staff"/>	Served by	<input type="text" value="Aramark/NYSP Staff"/>	Served by	<input type="text"/>

Be sure to **"Save"** data that is entered!

### Community-Action Agencies

Click on the **"Community-Action Agencies"** button to enter data related to the Community Action Agency(ies) that assist your project.

**Project Organization**

**Community-Action Agencies**

Personnel

Activity Programs

Education Programs

Direct Costs to be NYSP Funded

Institutional Contributions

Application Summary

**Submit Application to NYSC**

Up to three (3) Community-Action Agencies can be submitted using this form (although only 2 are displayed on the following page). If more than 3 Community-Action Agencies assist the program, please fax the entire list of agencies to the NYSP National Office at 317-829-5779.

## Community Action Agencies

The Federal government requires that the NYSP national office retain a list of community-action agencies serving areas participating in the National Youth Sports Program. Please complete the information below and return to NYSP prior to [April 28, 2006](#) with the Application for Participation.

Please provide name(s), address(es) and telephone number(s) of community action agency(ies).

Agency	<input type="text"/>
Contact Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>
Agency	<input type="text"/>
Contact Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Telephone	<input type="text"/>

## Personnel

Enter "**Personnel**" in the database by clicking the "Add" button. Unlike previous years, information can not be copied from last year. All staff must be added as new staff members. Please confirm that all contact information is complete and up-to-date.

[Project Organization](#)  
[Community-Action Agencies](#)  
**Personnel**  
[Activity Programs](#)  
[Education Programs](#)  
[Direct Costs to be NYSP Funded](#)  
[Institutional Contributions](#)  
[Application Summary](#)

To add someone new to the Personnel roster, click on **"ADD."**

Return To Function Menu	Copy From Last Year	ADD
<b>The following Personnel have been previously entered:</b>		

Select the personnel type from the drop-down menu, and click **"Add"**

<b>Select Personnel Type</b>	Advisory Committee Auxiliary Staff Chancellor Fiscal Officer President Professional Project Admin Project Aide Supporting Staff	Add	Back
------------------------------	---	-----	------

When the **"Personnel Type"** has been selected and the "Add" button has been clicked, a data entry screen will be displayed. The fields required for data entry will vary by personnel type. For example, no salary data is required for members of the Advisory Committee. An e-mail address is required for the Project Administrator and Activity Director. Required fields are marked with an asterisk.

**NOTE:** Complete and accurate personnel information is critical to communication between the NYSP National Office and NYSP projects. Please be sure to enter all data that is requested. A sample "Staff Information Sheet" is included in Appendix B that contains the information required for most personnel entries. Projects are encouraged to make copies of this form and distribute it to all staff when hired. Collect the information and enter the data in the appropriate records.

Some personnel screens ask for data in different ways. The "NYSP Activity" for an Auxiliary, Professional or Support staff member is selected from a drop-down menu. The "NYSP Activity" for a Project Aide is entered as a text field. In all instances, enter the data if available, even though the field may not be required.

***Do Not Include The Name of the Institution AND Do Not Abbreviate.***  
***\* indicates required fields***

* Type	<input type="text"/>
* NYSP Activity	<input type="text"/>
* First Name	<input type="text"/>
* Last Name	<input type="text"/>
* Title	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/>
* Professional Position	<input type="text"/>

The address data included in the database should reflect the location where any information related to NYSP is to be sent. For some staff members, a business address that is accessible to the staff member all year (i.e. the Project Administrator's office at your institution) is the best address to use. For others who may only work for NYSP during the summer, a home address may be preferred.

**Address to which NYSP correspondence should be addressed.**

\* Address Line 1

Address Line 2

\* City/State/Zip

**Communication is a key to success in NYSP.** To facilitate communication, please try to enter all information related to each staff member.

The illustration for phone numbers below is for the Project Administrator and Activity Director, the two individuals with whom the National Office will communicate with directly.

- Enter the phone number where the staff member is most likely to be reached during the business day (NYSP Phone). This could be their direct office line or the phone number for a clerical position working directly for the NYSP staff member.
- The Alternate NYSP Phone is a number where an individual can be reached who would have direct access to the NYSP staff member. Again, a clerical position in or close to the NYSP office may be appropriate.
- Examples of the Daytime Phone (outside of NYSP) might be a cell or mobile phone, or a phone number at another place of employment (for example, the NYSP Activity Director works for NYSP during the day, but works another job during non-NYSP hours).
- A Home Phone number is requested as an alternative in the event that the staff member cannot be reached at one of the "business" numbers referred to above.
- The Fax Number should be the fax number in or closest to the NYSP office. This number can be used for all NYSP staff (Auxiliary, Professionals, Project Aides and Support Staff).
- An E-mail Address is requested for all staff, even though it may not be a required field for some staff categories. NYSP does not, and will not, share these addresses with any outside vendor. They are for use by the NYSP National Office and NYSP Evaluators ONLY.

A sample "NYSP Staff Information Form" is included as Appendix B in this document. The form provides the basic information required for all staff (although additional contact information for the Project Administrator and Activity Director will still be required). The form can be downloaded at [www.nyscorp.org](http://www.nyscorp.org). Click on "NYSP" and then on "Downloads."

**Phone numbers where staff member can be contacted during the normal business day**

* NYSP Phone	<input type="text"/>
* Alternate NYSP Phone	<input type="text"/>
* Daytime Phone (outside of NYSP)	<input type="text"/>
* Home Phone	<input type="text"/>
* Fax Number	<input type="text"/>
* E-mail Address	<input type="text"/>

**Salary information.** If a staff member is paid by NYSP funds, enter the amount in the "NYSP Funded Salary" field. Enter a zero ("0") in all other salary fields. For the maximum amount that can be paid for salaries paid by an institution from NYSP funds, see the "download" menu and select "Questions and Answers." For staff paid by non-NYSP funds, or for those who are volunteers, enter the value of their time in the appropriate salary field and enter a zero ("0") in all other salary fields.

NYSP Funded Salary	<input type="text"/>
Non-NYSP Institutional Salary	<input type="text"/>
Non-NYSP Public Salary	<input type="text"/>
Non-NYSP Private Salary	<input type="text"/>
Volunteer Institutional Salary	<input type="text"/>
Volunteer Public Salary	<input type="text"/>
Volunteer Private Salary	<input type="text"/>

**Please note** that personnel who are not paid by NYSP, such as members of the Advisory Committee, your Project Administrator, and your institution's President or Chancellor are also entered in this section of the database. **In addition**, any staff member paid by non-NYSP funds who works in your program or who volunteers in your program should be entered in the Personnel section. The amount of non-NYSP pay and the estimated value of a volunteer's time must be entered in the personnel section if the institution is to receive credit for these contributions. Volunteers and staff paid by non-NYSP funds can also be added after the Application for Participation has been submitted.

A **volunteer** is any individual who contributes time to NYSP. In order to receive credit for a volunteer, the program must:

- Enter the person, with supportive information (address, phone numbers, gender, etc.) under the appropriate personal category (Auxiliary, Professional, Project Aide or Support) in the NYSP database.
- An **estimated value** for the volunteer's service must be entered in the appropriate salary category in the personnel database (private, public, or institutional).



Example:

- A person who is otherwise not being paid by any agency or entity during the time when he/she works with NYSP, i.e. a parent of a participant who is unemployed, or an individual who works during hours other than those during which NYSP is in session.

An **individual paid by non-NYSP funds** is any individual who works for NYSP in any capacity during normal operating hours of the program, and whose salary for those hours is paid by sources other than NYSP funds.

- Enter the person, with supportive information (address, phone numbers, gender, etc.) under the appropriate personnel category (Auxiliary, Professional, Project Aide or Support) in the NYSP database.
- An actual or estimated value for the individual's service must be entered in the appropriate salary category in the personnel database (private, public, or institutional).

Examples:

- A police officer assigned to NYSP during their regular shift.
- A lifeguard paid by the institution and assigned to guard during NYSP use of the pool.
- A professional staff member whose salary for services to NYSP are paid by the athletic department or the academic department in which they are employed.

**NOTE:** An individual who contributes their time as a speaker for the education program is **not** considered to be either a volunteer or an individual paid by non-NYSP funds. Credit for their services to the program are documented in the "Credits and Contributions" sections of the Project Visitation Report. Programs are encouraged to develop forms for documenting the contributions of educational speakers (see example below).

<b>Record of a Contribution to NYSP</b>		
<b>Educational Speaker</b>		
Name: _____		
Title: _____	SAMPLE ONLY	
Agency: _____		
Agency Address: _____		
Topic: _____		
Category:		
<input type="checkbox"/> Alcohol and Other Drug Abuse Prevention		
<input type="checkbox"/> Nutrition, Disease Prevention and Personal Health		
<input type="checkbox"/> Careers, Job Responsibilities and Higher Education		
<input type="checkbox"/> Other _____		
Estimated hourly wage: \$ _____	Hours contributed to NYSP: _____	
Total value to NYSP: \$ _____		
This contribution is classified as:		
<input type="checkbox"/> Institutional	<input type="checkbox"/> Public	<input type="checkbox"/> Private

For volunteers and staff paid by non-NYSP funds, two (2) factors must be considered: the amount and the source. Determine the amount by taking the person's regular salary and applying it to the number of hours they work with NYSP. Determine the source by considering:

- if they work for a tax-supported agency such as the police department, the fire department or city government, and their participation in NYSP is during their normal working hours, the contribution is a " non-NYSP public" contribution.
- if they work for an agency that does not receive tax support, such as the local grocery store, a private attorney, a banker or a beautician, and their participation in NYSP is during their normal working hours, the value of their time is a " non-NYSP private" contribution.
- if they work at your institution, and their participation in NYSP is during their normal working hours, the contribution is a "non-NYSP institutional" contribution.

**NOTE:** If a person who works for a public or private agency, or your institution volunteers to work with NYSP during their non-work hours, the value of their time is recorded as a "volunteer public", "volunteer private", or "volunteer institutional" contribution. Example - a nurse who works at the local private hospital at night, works at NYSP during the day. The value of her time is listed as "volunteer private."

Lastly, combinations of salary sources are a possibility. For example, if a policeman works a portion of his or her regular shift with NYSP, and returns during non-duty hours to volunteer with the program, salary data can be entered in both the "non-NYSP Public" and "Volunteer Public" fields.

Projects are encouraged to do their best to generate salary data that they can justify during the evaluation visit or during an audit.

The field titled "**Salary Paid By**" is used to clarify the source for salaries entered in the fields Non-NYSP Institutional, Non-NYSP Public and Non-NYSP Private. Examples would include "Office of Recreational Sports" for a lifeguard paid by Non-NYSP Institutional funds, or "Halstrom Police Department" for support of staff members paid by the local law enforcement agency (Non-NYSP Public). An example of a Non-NYSP Private salary might be "First National Bank" for a donation to support the hiring of additional project aides.

Salary Paid By <input type="text"/>
-------------------------------------

The "**Beginning Date**" is the first day of the program. No staff member can be paid for days worked prior to June 1.

Beginning Date <input type="text"/>
-------------------------------------

"**Date Terminated**" is to be used **ONLY WHEN A STAFF MEMBER IS TERMINATED PRIOR TO THE LAST DAY OF THE PROGRAM.** If a staff member works for the entire program, leave this field blank.

Date Terminated <input type="text"/>
--------------------------------------

Indicate the number of program days the staff member will be working in the program, whether or not the staff member lives or works in the target area, if the staff member is economically disadvantaged, if they are a former participant in an NYSP program (not a former staff member), and if the staff member is a certified Water Safety Instructor (WSI).

Number of Program days of Involvement	<input type="checkbox"/> "25"
Live/Work in the Target Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Economically Disadvantaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified Water Safety Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Click **Save**.

The number of staff entered in the Personnel section will be used to determine the number of "approved" positions for your program. You must enter information for the following staff members and institutional personnel:

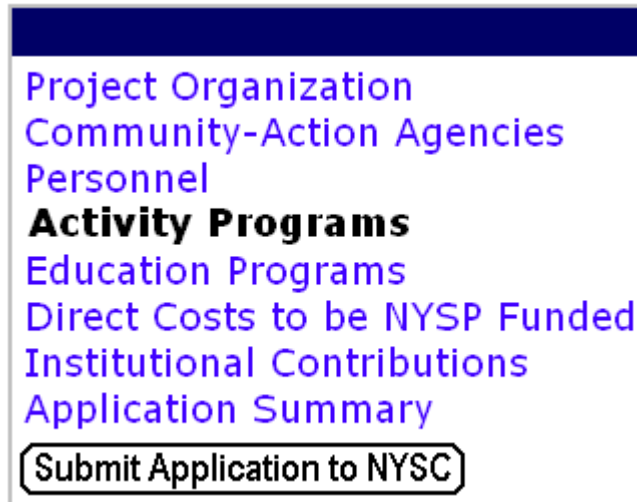
- The Chancellor or President of the institution
- The Fiscal Officer
- NYSP Project Administrator
- Activity Director
- Liaison Officer (optional)
- Medical Coordinator (salary may be paid with non-NYSP funds or shared)
- Education Coordinator
- Alcohol and Other Drug Prevention Specialist (optional)
- Professional Staff members (at least 30% of your instructional staff must be professionals. Instructional staff members are professionals and project aides.)
- Project Aides
- Support staff, to include, at a minimum:
  - Computer Specialist
  - Lifeguard (only if you offer swimming as an activity)

The system will not allow you to submit your Application for Participation if the number of professional staff and project aides paid by the institution with NYSP funds does not result in a participant to staff ratio between 15 to 1 and 20 to 1 (see Guidelines).

If your program has not finished the hiring process prior to the deadline for submitting the Application for Participation, enter "placeholder" information for staff yet to be hired, with anticipated salaries included. The system will also require data entry in selected fields. Enter "placeholder" information in order to submit the Application and replace this information with actual names, addresses, telephone numbers, etc. when the hiring process has been completed.

## The Activity Program

To enter data related to the Activity Program, select "**Activity Programs**" from the Application for Participation menu.



Entering "**Activity Program**" data is accomplished by clicking on the "Add New" button.

**The following Activities have been previously entered:**

Activity Type	Coed	Instruction Percentage	Competition Percentage
Basketball	Yes	90	10
Other Fitness	Yes	100	0
Soccer	Yes	90	10
Swimming	Yes	100	0

Select the activity from the drop-down menu, indicate whether or not the activity is co-educational, estimate the percentage of time to be dedicated to instruction and completion, and provide a description for the activity if "Other" was selected from the drop-down menu. When finished, click on "Save."

Activity Program:

Is this a COED activity?  Yes  No

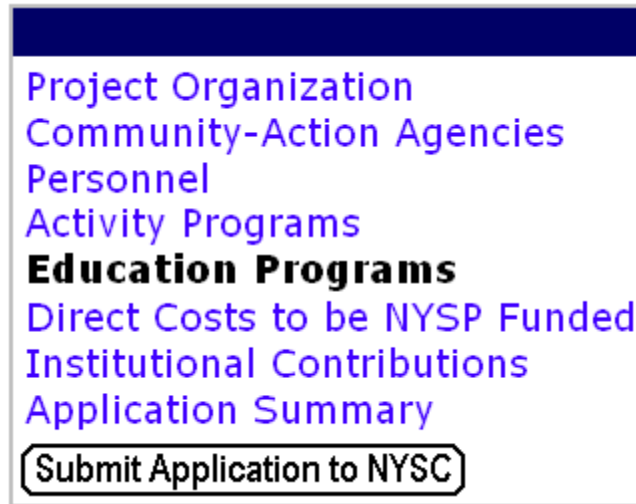
Percent of Time for Instruction

Percent of Time for Competition

Description (Only used for type "Other")

## The Education Program

Entering "**Education Program**" data is accomplished by clicking on the "Add" button and selecting the appropriate program type from the "Education Program Type" drop-down menu.

A screenshot of a form titled "Add" with a dark blue background. It includes fields for "Educational Program Type" (set to "Alcohol & Drug"), "Description", "Total Hours per Topic per Participant", "Total Hours in Small Groups per Participant", and "Total Hours of Hands-On/Interactive Instruction". A dropdown menu is open, showing options: Alcohol & Drug, Career & Education, Math/Science, Nutrition & Health, Other, and Senior Program. The form also has "Add" and "Back" buttons at the top and bottom.

Use the "Description" field for educational programs designated as "Other" on the drop-down menu (see illustration at the top of the next page).

- Enter the number of hours and minutes - to the nearest 15-minute increment - that this topic will be presented to each participant.
- Enter the number of hours and minutes - to the nearest 15-minute increment - that this topic will be presented to groups of 35 or less ("small groups").
- Enter the number of hours and minutes - to the nearest 15-minute increment - that this topic will be presented using hands-on/interactive instructional methods.

## Direct Costs to be NYSP Funded

The "**Direct Costs to be NYSP Funded**" screens are used to enter and edit the expenditures that will be funded by your NYSP Grant. Staff Wages & Salaries will automatically transfer from the Personnel section of the Application for Participation (if you have entered Personnel in the database). For this reason, it is suggested that you enter personnel in the database before entering other data in the "Direct Costs to be NYSP Funded" screens.

**NOTE:** The grant amount shown in the software is the amount for your program for 2006.



- Enter your estimate for the amount of NYSP funds to be expended for **Staff Benefits**.
- Enter your estimate for the amount of NYSP funds to be expended for **Medical Services**.

Staff Wages & Salaries		
Type	Count	Amount
Auxiliary	5	\$13000
Professional	5	\$5702
Project Aide	6	\$5201
Supporting	5	\$7200
Total	21	\$31103

These amounts are entered automatically from the data entered in the Personnel section of the Application for Participation.

Staff Benefits	
Type	Amount
FICA	<input type="text" value="1544"/>
Total	\$1544

Enter estimates for these amounts.

Medical Services	
Type	Amount
.	<input type="text" value="500"/>
Total	\$0

The following illustration is a representation of the "Direct Costs to be NYSP Funded" screen that will be used to enter and edit the budget estimate information for the Application for Participation.

- This example shows sections "D" through "F", or Insurance through Miscellaneous. Section G – Transportation – is not displayed.
- The **Insurance** cost will be calculated as \$0 by the software. All participants and staff members (regardless of "paid by" category) are covered. The cost of insurance will be paid by the NYSP national office.
- Enter your estimate for the amount of NYSP funds to be expended for **Operating Costs** (Facilities Restoration, Nonexpendable Equipment, Expendable Supplies, Extra T-Shirts) and **Miscellaneous** (Nutrition and Miscellaneous Expenses).
- The program will calculate a **Grand Total** that represents the total costs that have been entered and are to be NYSP Funded. The **Balance Remaining** is calculated by subtracting the **Grand Total** from the **Grant Amount** (these three fields are not displayed in this manual, but occur in the software at the bottom of the page, immediately after the entry for Transportation).
- The **"Save"** button should be selected after all information has been entered. The **"Back"** button will return you to the Application for Participation Main Menu WITHOUT saving the information that has been entered on this screen.

Insurance	
Type	Amount
.	\$0.00
Total	\$0.00

Automatic calculation

Operating Costs	
Type	Amount
Expendable Supplies	<input type="text" value="200"/>
Extra T-shirts	<input type="text" value="200"/>
Facilities Restoration	<input type="text" value="500"/>
Nonexpendable Equipment	<input type="text" value="200"/>
Total	\$1100

Enter estimates for these expenses

Miscellaneous	
Type	Amount
Miscellaneous expenses	<input type="text" value="898.75"/>
Nutrition expenses	<input type="text" value="6000"/>
Total	\$6898.75

## Institutional Contributions

"Institutional Contributions" are entered on the screens illustrated below.

Project Organization  
 Community-Action Agencies  
 Personnel  
 Activity Programs  
 Education Programs  
 Direct Costs to be NYSP Funded  
**Institutional Contributions**  
 Application Summary  
 Submit Application to NYSC

- The entry screen has five sections (Facilities, Non-Expendable Equipment, Project Administrator's Salary, Supporting Services, and Other) and is represented in this manual with the following three illustrations.
- The Total field in the far right hand column is calculated based on "Qty" times "Days" times "Cost per day." Therefore, if you have a situation where you only want to enter the Total Cost, you can enter a value of 1 for both the "Qty" and the "Days," and your total cost in the "Cost per day" field.
- A Description will be required when an entry is made for "Other" facilities.

Facilities					
Type	Quantity	Days	Cost per day	Total	Description
a. Football Field	1	25	100	\$2500	
b. Basketball Court	4	25	50	\$5000	
c. Tennis Court	6	25	25	\$3750	
d. Badminton Court	0	0	0	\$0	
e. Volleyball Court	0	0	0	\$0	
f. Swimming Pool	1	25	250	\$6250	
g. Track	1	25	100	\$2500	
h. Gymnastics Room	0	0	0	\$0	
i. Soccer Field	2	25	100	\$5000	
j. Other	2	25	100	\$5000	Softball Fields
k. Other	2	25	50	\$2500	Classrooms



The illustration below displays the data entry format for Non-Expendable Equipment. See the document titled "Direct-Cost Definitions" on the download menu for additional information related to the costs reported in this section.

Estimates for the Project Administrator's Salary and Supporting Services are requested. The **Estimate** in the far right hand column of the section on **Supporting Services** is calculated automatically by taking the "Hours per Week" times the "Hourly Rate" times the "Number of Weeks."

Nonexpendable Equipment				
Type	Amount			
a. Depreciation Costs	<input type="text" value="0"/>			
b. Repair Costs	<input type="text" value="0"/>			
c. Replacement Costs	<input type="text" value="0"/>			
<b>Total</b>	\$0.00			
Project Administrator's Salary				
Type	Weekly Cost	Number of Weeks	Amount	
a. Salary	<input type="text" value="500"/>	<input type="text" value="5"/>	\$2500	
<b>Total</b>				\$2,500.00
Supporting Services				
Type	Hours per Week	Hourly Rate	Number of Weeks	Estimate
a. Secretarial	<input type="text" value="4"/>	<input type="text" value="10.5"/>	<input type="text" value="6"/>	\$252
b. Medical	<input type="text" value="24"/>	<input type="text" value="50"/>	<input type="text" value="1"/>	\$1200
c. HR Payroll	<input type="text" value="4"/>	<input type="text" value="15"/>	<input type="text" value="2"/>	\$120
d. Custodial	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="6"/>	\$600
e. Fiscal Officer	<input type="text" value="2"/>	<input type="text" value="25"/>	<input type="text" value="2"/>	\$100
<b>Total</b>				\$2,272.00

"Other Contributions" are illustrated on the following page. Totals are computed by the software based on "Quantity" times "Days" times "Daily Cost."

Other Contributions				
Type	Quantity	Days	Daily Cost	Total
a. Cafeteria	1	25	250	\$6250
b. Offices	1	30	25	\$750
c. Training Room Med Center	1	25	50	\$1250
d. Phones	1	25	10	\$250
e. Faxes	1	25	5	\$125
f. Copiers	1	25	10	\$250
g. Printers	1	30	5	\$150
h. Postage	1	25	200	\$5000
i. Utilities	0	0	0	\$0
j. Apparel	0	0	0	\$0
k. Transportation	2	25	500	\$25000
l. Vehicles	1	25	20	\$500
<b>Total</b>				\$39,525.00
<b>Grand Total: 76797</b>				
<input type="button" value="back"/> <input type="button" value="save"/>				

The illustration at the top of the next page is a representation of the “**Application Summary**” screen that is used to display and print a summary of the information entered on the Application for Participation.

Project Organization  
Community-Action Agencies  
Personnel  
Activity Programs  
Education Programs  
Direct Costs to be NYSP Funded  
Institutional Contributions

**Application Summary**

Project Organization	Estimated Costs to be NYSP funded	Estimated Institutional Contributions			
Estimated Start Date: <u>6/1/05</u> Estimated End Date: <u>7/7/05</u> Estimated Number of Boys: <u>20</u> Estimated Number of Girls: <u>20</u> Projected Enrollment: <u>40</u> Estimated ADA: <u>32</u> Estimated NYSP Inst Staff: <u>2</u> Estimated Participant-Staff Ratio: <u>18.0 To 1</u> Estimated Grant Amount: <u>\$20,000.00</u> Total Funded Activity Days: <u>28</u> Sports Activity Hrs per Day <u>3</u> Staff Meetings Scheduled: <u>25</u> Advisory Committee Meetings Scheduled Before Project: <u>3</u> During Project: <u>1</u> After Project: <u>1</u>	A. Staff Wages & Salaries <u>\$13,000.00</u> B. Staff Benefits <u>\$1,415.00</u> C. Medical Services <u>\$0.00</u> D. Insurance <u>\$72.80</u> E. Operating Costs <u>\$0.00</u> F. Miscellaneous <u>\$520.00</u> G. Transportation: <u>\$5,000.00</u>	Athletic Facilities <u>\$32,500.00</u> Nonexpendable Equipment <u>\$0.00</u> Project Administrator Salary <u>\$2,500.00</u> Supporting Services <u>\$2,272.00</u> Other Contributions <u>\$39,525.00</u>			
<b>TOTAL: \$20,007.80</b>		<b>COUNT: 17</b>	<b>TOTAL: \$76,797.00</b>	<b>COUNT: 43</b>	
Personnel					
Personnel Type	Total Count	Male	Female	NYSP Funded	Salary Total
Advisory Committee	5	1	4	0	\$0.00
Auxiliary Staff	6	4	2	5	\$8,000.00
Chancellor	0	0	0	0	\$0.00
Fiscal Officer	1	1	0	0	\$0.00
President	1	1	0	0	\$0.00
Professional	2	1	1	1	\$2,000.00
Project Admin	1	1	0	0	\$0.00
Project Aide	9	4	5	1	\$500.00
Supporting Staff	3	3	0	1	\$8,000.00
Activity Programs		Education Programs			
Activity Programs Entered: <u>8</u>	COED: <u>8</u>	Average Competition Time <u>25.00%</u>	Education Programs Entered: <u>4</u>	Total Hours Per Topic Per Participant: <u>23</u>	
			Total Hours in Small Groups Per Participant: <u>22</u>		

When you have entered and proofed all required information, submit your Application for Participation by clicking on the **"Submit Application to NYSC"** button. The deadline is April 28! Be sure to print the confirmation screen and save it for future reference.

Project Organization  
 Community-Action Agencies  
 Personnel  
 Activity Programs  
 Education Programs  
 Direct Costs to be NYSP Funded  
 Institutional Contributions  
 Application Summary

Submit Application to NYSC

# The Visitation Report Form and Final Report Form

The Visitation Report Form (VRF) and the Final Report Form (FRF) are accessed by selecting '**project data entry**' at the top of the screen.



Both the VRF and the FRF contain the same menu items. The VRF will remain accessible until the self-assessment is submitted. After that time, only the FRF will be accessible.

The VRF and the FRF are used to 1) change data entered in the Application for Participation or 2) enter data gathered during the program.

Data that can be changed include items related to Project Organization, Personnel, and the Activity or Education programs.

Data to be entered include the actual Project Dates, data related to Medical Information, actual expenditures in the program that are Direct Costs to be NYSP Funded, actual Contributions and Credits to the program, and information related to Equipment.



## Project Organization

Use the '**Project Organization**' menu to change the starting and ending dates of the program, the starting and ending times for the program, the number of staff meetings or Advisory Committee meetings held, the types of meals served, or the shipping address for your program.

## Project Dates

The '**Project Dates**' menu must be used to indicate the actual days between the starting and ending dates that the program will be in session. The menu will display every date between your start date and end date. Click those days when your program will be in session.

**NOTE:** The selection of project dates must be completed before you attempt to enter attendance data for your participants.

Check All	Uncheck All	Finish	Back
<b>Please check the dates scheduled for this program</b>			
6/1/2005	<input checked="" type="checkbox"/>		
6/2/2005	<input checked="" type="checkbox"/>		
6/3/2005	<input checked="" type="checkbox"/>		
6/4/2005	<input type="checkbox"/>		
6/5/2005	<input type="checkbox"/>		
6/6/2005	<input checked="" type="checkbox"/>		
6/7/2005	<input checked="" type="checkbox"/>		
6/8/2005	<input checked="" type="checkbox"/>		
6/9/2005	<input checked="" type="checkbox"/>		
6/10/2005	<input checked="" type="checkbox"/>		
6/11/2005	<input type="checkbox"/>		

## Medical Information

There are three sections in this part of the software. The top section will display the numerical totals for 'Medical Forms Submitted' and 'Number of Medical Examinations Administered to Participants' (Paid, Free and Total). These numbers carry over automatically from the participant data entered in the software. Changes to these totals can only be made by changing corresponding sections in the 'Participant' database.

Other information that must be entered in this section include the 'Estimated Value Per Medical Exam' and the 'Total Amount of NYSP Funds Spent on Examinations.' The numbers appearing in the 'Total Estimated Value of All Medical Examinations' and 'Total Amount of Donated Monies for Examinations' are calculated by the software. Changes cannot be made except by changing the 'Estimated Value Per Medical Exam' or the number of exams given by changing data in individual participant records.

The last data entry required in this section is to indicate if the exams exceeded the minimum requirements of the NYSP Medical Examination Record Form. If 'Yes' is clicked, type in the reason why they exceeded.

## MEDICAL INFORMATION

Medical Forms Submitted: 49

Number of Examinations Administered to Participants: Paid: 15 Free: 11 Total: 26

Estimated Value Per Medical Exam:  "20.00"

Total Estimated Monetary Value for All Examinations:  "1000.00"

Total Amount of NYSP Funds Spent on Examinations:  "500.00"

Total Amount of Donated Monies for Examinations: 800

Actual Cost Per Medical Examination:  "1.50"

Do examinations exceed the minimum requirements?  yes  no

If yes, list the item(s):

The second section of the 'Medical Information' sections asks for information about the type and number of medical problems identified during the medical examination process ('Pre-Existing Medical Conditions'). These data are to be obtained from the Medical Coordinator. Sample items from this section appear below.

<b>Summary of Pre-Existing Medical Conditions</b>		
<b>Condition</b>	<b>Number of Problems</b>	
ADD:	<input type="text" value="8"/>	"1"
Allergies:	<input type="text" value="8"/>	"1"
Asthma:	<input type="text" value="8"/>	"1"
Autistic:	<input type="text" value="8"/>	"1"
Blood Pressure:	<input type="text" value="8"/>	"1"
Depression:	<input type="text" value="8"/>	"1"
Ear Problems:	<input type="text" value="8"/>	"1"
Heart Murmur:	<input type="text" value="8"/>	"1"
Hernia:	<input type="text" value="8"/>	"1"
Hyperactivity:	<input type="text" value="8"/>	"1"
Obesity:	<input type="text" value="8"/>	"1"
Orthopedic:	<input type="text" value="8"/>	"1"

The last section of the Medical Information screen asks for the Number of parents notified of pre-existing medical conditions and the number of medical follow-ups performed. Both of these numbers must be obtained from the Medical Coordinator. Be sure to click 'Save' before leaving this screen.

NOTE: Both parental notification and medical follow-ups are required duties of the Medical Coordinator (see NYSP Job Descriptions in the Guidelines).

### Direct Costs to be NYSP Funded

This is perhaps the most overlooked, but a very important part of the software. This section in the Application for Participation contained estimates regarding the expenditure of NYSP grant funds. In the VRF and FRF, actual expenditures are entered.

When you click on 'Direct Costs to be NYSP Funded' the resulting screen shows the amounts initially entered in the Application for Participation. Both the 'Total' column and the 'Est Total' may be identical until such time as actual expenses are entered.

RETURN TO FUNCTION MENU							ADD
The following Direct Costs have been previously entered:							
Group	Subgroup	Count	Lineitem	Total	Est Total	Description	
Staff Wages & Salaries	Auxiliary	5		\$13000	\$13000	From the Application for Participation	
Staff Wages & Salaries	Professional	5		\$5702	\$5702		
Staff Wages & Salaries				\$5201	\$4201		
Staff Wages & Salaries				\$7300	\$4200		
Staff Benefits	FICA			\$1044.5	\$1544	\$13,653.59 X .0765 (FICA) = \$1044.50	
Staff Benefits	Retirement			\$368	\$0	\$11,500 X .032 (Retirement) = \$368.00	
Staff Benefits	Other 1			\$131.5	\$0	Workers Compensation	
Medical Services	01			\$565.5	\$0	87 medical exams at \$6.50 each.	

To enter an actual expense, click on the 'ADD' button. The following screen will appear.

## Record of an Expense Paid with NYSP Grant Funds

Category  Sub-Category  Date Paid   
 Paid to  Amount   
 Description

Select an expense 'Category' from the pull-down menu. Select a 'Sub-Category.' Enter the date paid, to whom the payment was made, the amount, and a description of the payment. **Be complete and specific in your description** (see sample below).

See the example below.

## Record of an Expense Paid with NYSP Grant Funds

Category  Sub-Category  Date Paid   
 Paid to  Amount   
 Description

### **EXCEPTIONS:**

- 1) The amount of staff salaries and wages paid are entered in the 'Personnel' section of the software. Simply enter the actual amount paid in the column titled 'NYSP PAY.'
- 2) Insurance is calculated by the software. The formula is the number of staff plus the average daily attendance of participants, times the number of program days, times the insurance rate.

To **change** an item that has been previously entered, double click on the item, make the change, and click on "Save."

### **Credits and Contributions**

The '**Credits and Contributions**' section is used to record actual contributions to the program. The only contributions recorded in the Application for Participation were those attributable to the institution ('Institutional Contributions').

To record a contribution to the program, select 'Credits and Contributions' and click on the ADD button. The following screen will appear.



Receipt for Contributions to NYSP					
Category	<input type="text"/>	Sub-Category	<input type="text"/>	Date Received	<input type="text"/>
Received from	<input type="text"/>	Amount	<input type="text"/>		
Address 1	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Address 2	<input type="text"/>				
Description	<input type="text"/>				
		save		back	

Select a 'Category' and 'Sub-Category' from the pull-down menus. Enter the date received, the amount, information about the donor, and **a description of the contribution.**

See the example below.

Receipt for Contributions to NYSP					
Category	<input type="text" value="Public Contribution"/>	Sub-Category	<input type="text" value="Nutrition - USDA"/>	Date Received	<input type="text" value="8/15/05"/>
Received from	<input type="text" value="Indiana Dept of Ed/SFSP"/>	Amount	<input type="text" value="\$13,612.50"/>		
Address 1	<input type="text" value="Government Center"/>	City	<input type="text" value="Indianapolis"/>	State	<input type="text" value="IN"/>
Address 2	<input type="text" value="Suite 345 West"/>				
Description	<input type="text" value="USDA/SFSP reimbursement for 5000 lunches at a rate of \$2.25 (\$11,250) and 5,250 snacks at a rate of \$.45 (\$2,362.50)"/>				
		save		back	

**HINT: Be as specific as possible.** The example above is one of the most often overlooked contributions to the program. Before final reimbursement checks are sent to participating institutions, all expenses and all contributions are reviewed. Those programs requiring additional follow-up are subject to delayed payments.

## Equipment

The last section requiring data entry is the section for '**Equipment.**' Clicking on 'Equipment' on either the VRF or the FRF will result in the display of the following screen.

Return To Function Menu		Add New		Copy from Last Year			
<b>The following Equipment has been previously entered:</b>							
Sport	Description	Serial Number	Acquisition Date	Acquisition Quantity	Condition	Location	Institutional Contribution
Volleyball	Mobile standards		1/1/2000	1	Mobile standards	Dow Center	Yes
Other	Tees		1/1/2000	4	Good	Dow Center	Yes
Other	Helmet		1/1/2002	4	Good	Dow Center	Yes
Other	Catchers Mask, Helmet, Guard		1/1/2002	2	Good	Dow Center	Yes
Other	Swimsuit (men)		1/1/2004	110	Good	Dow Center	Yes
Other	Swimsuit (women)		1/1/2004	100	Good	Dow Center	No
Football	Footballs (regular)		1/1/2001	21	good	Dow Center	No
Football	Footballs (jr)		1/1/2003	16	Good	Dow Center	No

To add a new piece of equipment, click on 'Add New.' The following screen will appear.

Add Back

Sport Badminton ▼

Description of Equipment

Serial Number

Acquisition Date  *mm/dd/yy*

Acquisition Cost

Acquisition Quantity

Condition

Location

Is this equipment an institutional contribution? Yes  No

Add Back

Select the sport from the pull-down menu and enter as much data as you have regarding the equipment. Not all types of equipment have a serial number, so this field might be left blank. For major purchases such as a computer, be sure the serial number is entered, as well as the information requested for all other fields. Click on 'Add' to save the entry.

# The Participant Database



The Participant Database is used to prepare documents required for compliance with the NYSP Guidelines, as well as assist projects in maintaining an accurate record of participants and their attendance. There are seven functions on the menu:

Participants Menu
<a href="#">Participant Maintenance</a>
<a href="#">Medical Assignment Utility</a>
<a href="#">Participant Groups</a>
<a href="#">Group Assignment Utility</a>
<a href="#">Daily Attendance Sheets</a>
<a href="#">Daily Attendance Entry</a>
<a href="#">Special Usage Field Labels</a>

## Participant Groups

Although not the first item on the Participants Menu, one of the first considerations suggested for organizing your participants is to decide how they will be divided into groups. You can create groups manually, or you can use the "Group Assignment Utility" to have the computer create groups for you. The "Group Assignment Utility" will be described later in this section.

If you plan to manually assign participants to groups, decide how many groups you will have and what the name of each group will be. In the example that follows, six (6) groups are anticipated and the groups are identified with the names of animals. Groups are created by typing the name of the group in the "Group Name" field and clicking on "Add."

Participant Group Maintenance	
Project ID	874
School ID	Hall State University
Project Year	2006
Group Name*	<input type="text"/>
<input type="button" value="Add"/>	<input type="button" value="Return To Participant Menu"/>

\* These Groups already exist. To EDIT one select from this list:

Tarpons  
Bears  
Zebras  
Marlins  
Lions  
Tigers

The groups identified on the "Participant Groups" menu will appear in drop-down menus when participants are actually entered in the "Participant Maintenance" section of the database.

Group names can be changed and groups can be deleted. In the example below, the group name "Tigers" is being changed to "Tiger Cubs." To change a group name click on the name of the existing group and edit the group name in the "Group Name" field. Click on "SAVE CHANGE" to complete the process.

Participant Group Edit	
Project ID	874
School ID	Hall State University
Project Year	2006
Group Name	<input type="text" value="Tiger Cubs"/>
<input type="button" value="DELETE"/>	<input type="button" value="SAVE CHANGE"/>

2nd - change the name here.

\* These Groups already exist. To EDIT one select from this list:

Tarpons  
Bears  
Zebras  
Marlins  
Lions  
Tigers

3rd - "Save Change"

Click here 1st

The result of the name change process is displayed at the top of the next page.

\* These Groups already exist. To EDIT one select from this list:

Tarpons  
 Bears  
 Zebras  
 Marlins  
 Lions  
 Tiger Cubs

Groups can be added, modified or deleted by using the "Participant Groups" menu.

## Participant Maintenance

The "Participant Maintenance" menu is used to enter participants in the database, to modify information related to a participant, or to perform searches and sorts. Participants that were previously enrolled in NYSP can be "copied" to this year's participant directory. When copying participants from one year to another, verify that addresses and phone numbers are still accurate, as some participants may have relocated since participating in last year's program.

When you select "Participant Maintenance," the following "Find Applicant/Participant" screen will appear. An "Applicant" is a child for whom you have either an NYSP Application or an NYSP Medical Examination Record form, or both. An "Applicant" does not become a "Participant" until you have both an NYSP Application and an NYSP Medical Examination Record form and the child has attended NYSP for at least one (1) activity day.

If you were to click on "Search" on the screen above, you would get an alphabetical listing of all applicants who have been entered in the database, sorted by last name. If you wanted to find a child named Anderson, enter Anderson in the "Search String" field and select Last Name in the "Search In" field. You can have the results of your search sorted by any of the available fields: Last Name, First Name, Zip Code, Age, Group or Project Year.

The result of a search for participants with the last name of Gomez, sorted by Year is shown below.

Year	Group	Last Name	First Name	Birthdate	Age	Gender	Application Approved	Medical Form	Medical Type	Edit	Copy	Delete
2003	104	Gomez	Bill	11/10/1992	10	M	Yes	Yes		Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
2003	104	Gomez	Bob	5/31/1993	10	M	Yes	Yes		Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
2003	105	Gomez	Bob	5/31/1994	9	M	Yes	Yes		Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
2004	Zebras	Gomez	Bill	11/10/1992	11	M	Yes	Yes	Public	Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
2004	Tarpons	Gomez	Bob	5/31/1994	10	M	Yes	Yes	Public	Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
2004	Lions	Gomez	Willie	5/31/1991	13	M	Yes	Yes	Public	Edit	<a href="#">Copy</a>	<a href="#">Delete</a>
<b>Totals</b> males 6 females 0												

## Adding a New Participant

To add a new participant, simply click on "Add New Participant."

Participant Maintenance
<a href="#">Add New Applicant</a> to add a new individual for the current year
<a href="#">Copy Multiple Participants</a> to copy multiple participants from previous year
<a href="#">Delete Multiple Participants</a> to delete multiple participants from current year

The following screen will appear:

### PARTICIPANT DIRECTORY

*\* indicates required field*

Project ID 1085  
School ID Hall State University  
Project Year 2006

\* Birth Date  "mm/dd/yy"  
Age 0

\* Last Name  \* First Name  M.I.  SSN

\* Gender  Group  101 \* Previous Years in NYSP

Application Completed?  Medical Form Submitted?   
Lives In Target Area?  Economically Disadvantaged?

Medical Examination: Free  -OR- Paid with NYSP Funds   
Medical Exam Type:  
 Institutional  Public  Private

Phone  Address   
City  State  Zip

Parent's Name  Home Phone  Work Phone   
Emergency Contact Name  Home Phone  Work Phone   
Relationship

Begin by entering the participant's date of birth. The system has been designed to determine if a child is within the acceptable age range when the date of birth is entered. A child must be within the age range of 10 to 16 years of age. If a child turns 10 on or prior to August 31 of the program year, they are eligible for the program. If a child turns 17 on or after June 1 of the program year, they are eligible for the program.

Examples of birth dates that fall outside the acceptable range, and the resultant alerts, are shown below and on the following page.

**PARTICIPANT DIRECTORY**

*\* indicates required field*

Project ID 268  
 School ID Hall State  
 Project Year 2006

\* Birth Date  "mm/dd/yy"  
 Age   
 \* Last Name  \* F

Internet Explorer Script Alert

Applicant is too young.

**PARTICIPANT DIRECTORY**

*\* indicates required field*

Project ID 268  
 School ID Hall State  
 Project Year 2006

\* Birth Date  "mm/dd/yy"  
 Age   
 \* Last Name  \* F

Internet Explorer Script Alert

Applicant is too old.

If an applicant is within the acceptable age range for the program, continue to enter data. Last Name, First Name and Middle Initial (MI) are added as text fields. Gender, Group and Previous Years in NYSP are drop-down menus. You may select an item from a drop-down menu or strike the key that corresponds with the first letter (or number) of your desired entry. For example, entering "F" in the "Gender" field will automatically select "Female." Striking a "T" in the "Group" field will automatically select "Tigers" as the group. Typing the number "2" in the "Previous Years in NYSP" field will place a 2 in the corresponding box.

\* Last Name  \* First Name  M.I.

\* Gender  Female  Male Group  Lions  Tigers  Bears  Giraffes  Jaguars  Zebras \* Previous Years in NYSP

Completed?  Hitted?   
 Lives In Target Area?  Advantaged?   
 Medical Examination: Free  NYSP Funds

Phone  Address

Some fields in the participant entry form are check boxes or radio buttons. To "uncheck" a check box, click on the box, or hit the space bar when the check box is highlighted. A radio button allows only one selection in a series to be chosen. The selection choices for the "Medical Examination" section are "Free" or "Paid with NYSP Funds." "Free" is the default selection. (ANY exam not paid for with NYSP funds is considered to be Free.) To change the selection, simply click on "Paid with NYSP Funds" or hit the space bar when the "Paid with NYSP Funds" button is highlighted.

The Medical Exam Type should be entered depending on where the participant received their medical exam. Three choices are listed: Institutional (the institution's paid medical staff), Public (a public health agency and/or medical professionals paid with public funding), or Private (private practitioners).

Application Completed?	<input checked="" type="checkbox"/>	Medical Form Submitted?	<input checked="" type="checkbox"/>
Lives In Target Area?	<input checked="" type="checkbox"/>	Economically Disadvantaged?	<input checked="" type="checkbox"/>
Medical Examination:	Free <input checked="" type="radio"/>	-OR-	Paid with NYSP Funds <input type="radio"/>
Medical Exam Type:	<input type="checkbox"/> Institutional <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		

When all information for a child has been entered, click on "Save Changes" at the bottom of the entry screen.

Phone	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Parent's Name	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Emergency Contact Name	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Relationship	<input type="text"/>				
<input type="button" value="Save Changes"/> <input type="button" value="BACK"/>					

The data will be displayed for review, along with access to additional "Fields for Special Usage." To access the special use fields, click on "Fields for Special Usage" at the bottom of the entry screen.

<input type="button" value="Fields for Special Usage"/>				
<input type="button" value="Save Changes"/>		<input type="button" value="Add Another"/>	<input type="button" value="Copy"/>	<input type="button" value="BACK"/>

The program includes 25 "Fields for Special Usage." See previous sections of this manual for instructions on how to change the label of special fields.

**Special Usage Fields**

Special Usage Fields for

**Field 1:**

**Field 2:**

**Field 3:**

**Field 4:**

HINT: Avoid using commas in these data fields. Exporting data later can be complicated by the presence of commas.



## Copying Participants

When entering participants in the database, you might first do a search for an applicant by last name, sorted by first name. The result of such a search (all previous applicants with the last name you selected) can assist in data entry. You can copy this person from a previous program year to the current year roster by clicking on "Copy" in the participant's record.

You can copy multiple participants by clicking on the "Copy Multiple Participants" selection (see illustration below). The result of this action will be an alphabetical list (by last name) of all previous NYSP participants. Check the participants you want to move to the current year and click "Copy."

Participant Maintenance	
<a href="#">Add New Applicant</a>	to add a new individual for the current year
<a href="#">Copy Multiple Participants</a>	to copy multiple participants from previous year
<a href="#">Delete Multiple Participants</a>	to delete multiple participants from current year

## Deleting Participants

You can delete multiple participants, for instance, all applicants who submitted applications but did not follow through and either obtain a medical examination or attend the program. Clicking on "Delete Multiple Participants" will result in an alphabetical listing, by last name, of all applicants in the current database. Check those you wish to delete and click on "Delete Selected Participants" (see illustration below).

Wilson, Gail	<input type="checkbox"/>	2006
Wilson, Gail	<input checked="" type="checkbox"/>	2006
Woodcock, Romel	<input type="checkbox"/>	2006
Woodroe, Wilson	<input type="checkbox"/>	2006
Yesh, Alissa	<input type="checkbox"/>	2006
Yukon, Jack	<input type="checkbox"/>	2006
Zander, Carl	<input type="checkbox"/>	2006

## Medical Assignment Utility

Information regarding whether or not a medical exam has been administered free or paid for with NYSP funds, and the source of the medical (administered by a physician in a public clinic, in private practice, or employed by your institution) is normally entered at the time a child is added to the participant directory. However, in many cases this information may not be known at the time of data entry, or is overlooked in the data entry process. The "Medical Assignment Utility" allows you to view all children entered in the system and to make the following changes, individually or for all children in the system:

- Check or uncheck whether or not the child has a Medical Form

- Check or uncheck whether the medical exam received was Free (administered at no cost to NYSP) or Paid
- Check or uncheck the source of the Medical Exam, regardless of whether the exam was Free or Paid.

Group	LastName	FirstName	Birthdate	Medical Form	FREE	PAID	Public	Private	Institutional
				Check All	Check All	Check All	Check All	Check All	Check All
109	Aaron	Frank	11/23/1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
108	Abbott	Lou	8/23/1993	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110	Adams	Clay	8/23/1989	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Group Assignment Utility

The "Group Assignment Utility" can be used to divide your participants into groups of a select size based on age, gender and age, or in random order. ***If you select this function, ALL PREVIOUSLY ENTERED GROUPS WILL BE LOST.***

This Utility will DELETE all existing groups and all existing group assignments and then will create new groups and assign the participants to the new groups based upon the criteria selected.

Group Size

Using

Method

To use this utility, select "Group Assignment Utility" from the participant menu and indicate both the desired size of your groups and the criteria for placement. In the examples below, All Participants have been selected for assignment to groups of 25 based on age (By Birthdate).

Group Size

Using

Method

Group Size

Using

Method

- By Birthdate
- By Gender, Then Birthdate
- Random (Sorted By Last Name)
- By Age
- By Age and Gender

## Daily Attendance Sheets

Daily attendance sheets can be printed for each group by selecting "Group Attendance Sheets" from the "Participants" menu. The attendance sheets facilitate recording up to 6 days of attendance on one group attendance sheet.

The group attendance sheet is provided for the use of NYSP staff in conducting manual counts of participants. Daily attendance must also be entered in the NYSP software using the "Group Attendance Entry" process described on the following page.

### Daily Attendance Sheet

---

#### Hall State University Daily Attendance Sheet - Group: Lions

Skip to group:

Last Name	First Name	Gender	1	2	3	4	5	6
Aaron	Frank	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anson	Ansel	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ant	Adam	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	Barry	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boston	David	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brooklyn	David	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gomez	Willie	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall	David	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry	Zed	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rose	Pete	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wilson	Gabby	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodcock	Romel	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodroe	Wilson	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: Males 12 Females 1

[<<](#)

[Previous](#)

[Return To Participant Menu](#)

[Next >>](#)

Skip to group:

---

## Daily Attendance Entry

The recording of daily attendance of all participants, by name, is an NYSP Guideline requirement. To facilitate verification of daily attendance, each participant's attendance is to be entered into the computer daily. This process is facilitated by use of the "Daily Attendance Entry" process. To enter this section of the software, select "Daily Attendance

Entry" from the "Participants" menu. Select the date for which you want to enter attendance data and click "CONTINUE."

Daily Attendance	
Project ID	874
School ID	Hall State University
Project Year	2006
Date	Day 1- 6/2/06
<a href="#">Change Dates</a>	
<input type="button" value="CONTINUE"/>	<input type="button" value="Return To Participant Menu"/>

**NOTE:** If your program dates differ from those you anticipated when you submitted your Application for Participation, go to "Change Dates" in either the "Visitation Report Form" or "Final Report Form" to enter the actual dates for your program.

A listing of all participants in your database will be displayed, sorted by group and alphabetized by last name. You may choose to "Check All" participants as being present, and then proceed to uncheck those absent, or you can "Uncheck All" and check those that are present. **Be sure to "Save" your data prior to leaving this screen.**

#### Hall State Daily Attendance for 4/6

Group Name	Present	Last Name	First Name	Gender
109	<input checked="" type="checkbox"/>	Marley	Bobby	M
109	<input checked="" type="checkbox"/>	Wilson	Gail	M
110	<input checked="" type="checkbox"/>	Lopez	John	M
Bears	<input checked="" type="checkbox"/>	Jackson	Mary	F
Tarpons	<input checked="" type="checkbox"/>	Adams	Clay	M
Tarpons	<input type="checkbox"/>	e	e	F
Tarpons	<input type="checkbox"/>	Gomez	Bob	M
Tarpons	<input checked="" type="checkbox"/>	Hall	Ben	M
Zebbras	<input type="checkbox"/>	Gomez	Bill	M
Zebbras	<input checked="" type="checkbox"/>	Hall	Carmen	F

Total: Males 5 Females 2

## Changing Special Field Labels

home	select school	evaluation	proj
2004 Hall State University			
field1	Field Trip Form		
field2	Photo Release		
field3	Bus Route		
field4			
field5	Field 5:		

To change a field label, select the field in the box on the right, and type in the new label name.

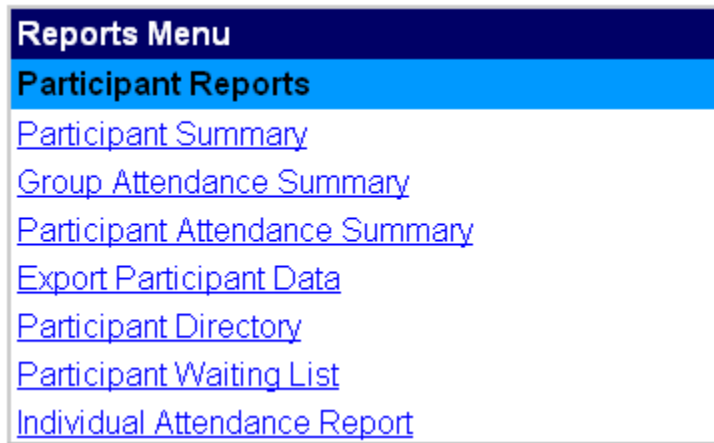
# Reports



The "reports" menu provides you with an opportunity to review data that was entered using the "project data entry" screens. The "reports" menu is divided into three sections: participant reports, personnel reports, and project reports.

## Participant Reports

There are seven (7) report formats that allow you to view data you have entered related to the participants in your program. Each report is described below.



The "**Participant Summary**" report displays a breakdown of all participants that have been entered in the database. The report displays the participants by age, gender and returnee status.

Ages	Males	Females	Totals	Total Returnees	Percentage of Returnees**
9*	0	0	0	n/a	n/a
10	1	0	1	n/a	n/a
11	1	0	1	1	100.00%
12	1	2	3	2	66.67%
13	3	0	3	3	100.00%
14	1	5	6	6	100.00%
15	3	3	6	6	100.00%
16	0	0	0	0	0
<b>Grand Totals:</b>	10	10	20	18	94.74%

The "**Group Attendance Summary**" permits selection of a specific date, followed by a display of the number of female and male participants indicated as being present in each group on that day. A summary of the total number of males and females present on that day is also displayed.

**Daily Attendance By Group**

Date  Select Date

Click on View Report

Group ID	Females	Males	Total
107	3	0	3
108	1	0	1
109	1	1	2
110	0	1	1
Blue	0	1	1
Boys 10	0	2	2
Boys 11	0	1	1
Girls 10	0	1	1
Total Females		5	
Total Males		7	
Total for 6/4/2006		12	

The "**Participant Attendance Summary**" provides an alphabetical listing of all program participants followed by the number of days they have been recorded as being present.

Last Name	First Name	Days Attended
Aaron	Frank	11
Abbott	Lou	11
Adams	Clay	10
Hall	Ben	8
Hall	Carmen	10
Horton	Heidi	10
Horton	Lori	13
Jackson	Mary	12
Lopez	John	12
Marley	Bobby	8
Wilson	Gabby	9
Wilson	Gail	8

The "**Export Participant Data**" menu permits you to export selected data fields. A detailed description of the use of this menu item is included in another section of this manual.

## Download & Export Menu

### DATA EXPORTS

[Export Participant Data](#)

[Export Personnel Data](#)

A complete list of all participants in the database can be viewed by selecting "**Participant Directory**." To view participants, indicate the project year you wish to view, as well and the manner in which you would like to sort the participants. A printer friendly version of the report is available, and should be used to print the list of program participants.

Project Year  Sort By

A "**Participant Waiting List**" is created automatically and contains a listing of applicants who have submitted an Application and a Medical Form, but who have not yet attended the program for at least one (1) day. According to the NYSP Guidelines, an "Applicant" does not become a "Participant" until they meet three (3) criteria: a complete Application, signed by a parent or guardian is on file; the child has been seen by a medical professional and the NYSP Medical Examination Record is completed; and the child has attended a minimum of one program day.

Participant Waiting List							
Last Name	First Name	Birth Date	Age	Gender	Application	Medical Form	Participant
Adams	John	8/23/1989	14	M	True	True	False
Anson	Ansel	8/23/1991	12	M	True	True	False
Ant	Adam	8/23/1991	12	M	True	True	False
Barnard	Lynn	1/1/1988	16	M	True	True	False
Bonds	Barry	8/25/1991	12	M	True	True	False
Boston	David	8/23/1991	12	M	True	True	False
Brooklyn	David	8/23/1991	12	M	True	True	False
Crain	Mike	3/18/1993	11	M	True	True	False

An "**Individual Attendance Report**" displays attendance for each individual participant.

Participant

Individual Attendance Report		
Project Date	Day of Week	Status
6/14/2006	Monday	Present
6/15/2006	Tuesday	Present
6/16/2006	Wednesday	Present
6/18/2006	Friday	Present

## Personnel Reports

The "**Personnel Reports**" menu allows you to view data entered in the "Personnel" section of the Application for Participation, the Visitation Report Form, and the Final Report Form.

Personnel Reports
<a href="#">Staff-NYSP Funded</a>
<a href="#">Staff-Non-NYSP Funded and Volunteers</a>
<a href="#">Export Personnel Data</a>
<a href="#">Personnel Summary</a>
<a href="#">Personnel Summary by Position</a>

The "**Staff-NYSP Funded**" report provides a summary list of the number of males and females in each staff category that are paid by NYSP funds.

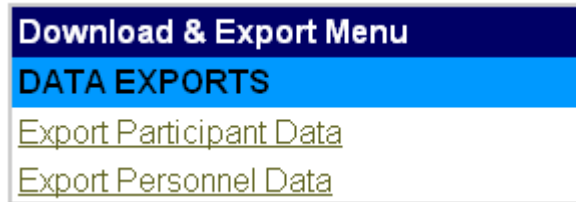
Staff-NYSP Funded:		
Staff Type	Females	Males
Auxiliary Staff	2	3
Professional	0	5
Project Aide	3	3
Supporting Staff	3	1

The "**Staff-Non-NYSP Funded and Volunteers**" report provides a summary list of the number of males and females in each staff category that are paid by Non-NYSP funds or those who volunteer their time to assist with NYSP.

Staff-Non-NYSP Funded and Volunteers:		
Staff Type	Females	Males
Advisory Committee	1	5
Auxiliary Staff	1	1
Chancellor	0	0
Fiscal Officer	0	1
President	0	1
Professional	0	4
Project Admin	1	0
Project Aide	3	0
Supporting Staff	2	1



The "**Export Personnel Data**" menu permits you to export selected data fields. A detailed description of the use of this menu item is included in the following section of this manual.



The "**Personnel Summary**" provides a listing of all personnel entered in the system, including those entered as paid by NYSP Funds, those paid by Non-NYSP Funds, and those who volunteer with the program.

Name	NYSP PAY	NON NYSP Institutional PAY	NON NYSP Public PAY	NON NYSP Private PAY	Volunteer Institutional PAY	Volunteer Public PAY	Volunteer Private PAY	Gender	Title	NYSP Activity	Target Area	Former Participant	Economically Disadvantaged
Andre Agassi	1	0	0	0	0	0	5000	Male	Professional	Tennis	No	No	No
Mike Baker	1000	0	2500	0	0	0	0	Male	Auxiliary Staff	Alcohol & Drug Specialist	Yes	No	No
John Belushi	2500	0	0	0	450	0	0	Male	Professional	Basketball	Yes	No	No
Joe Blow	0	0	0	0	0	0	0	Male	Advisory Committee		No	No	No
James Bond	1000	0	0	2000	0	0	0	Male	Professional	Soccer	Yes	No	No
Nancy Bourff	0	0	0	0	0	0	0	Female	Project Admin		No	No	No
John Brown	2000	0	0	0	0	0	0	Male	Auxiliary Staff	Medical Coordinator	No	Yes	No

Data in the personnel summary can be sorted by clicking on the title at the top on each column. The figure above shows personnel sorted by last name (Name). The figure below is sorted by NYSP Pay. Clicking on a column title a second time will reverse the order of the sort (i.e. a sort from A to Z will become Z to A with the second click).

Name	NYSP PAY	NON NYSP Institutional PAY	NON NYSP Public PAY	NON NYSP Private PAY	Volunteer Institutional PAY	Volunteer Public PAY	Volunteer Private PAY	Gender	Title	NYSP Activity	Target Area	Former Participant	Economically Disadvantaged
Jeanie Johnson	5000	0	0	0	0	0	0	Female	Auxiliary Staff	Activity Director	Yes	No	No
Rick Brown	3500	0	0	0	0	0	0	Male	Auxiliary Staff	Liaison Officer	Yes	No	No
John Belushi	2500	0	0	0	450	0	0	Male	Professional	Basketball	Yes	No	No
Karen Jones	2500	0	0	0	0	0	0	Female	Supporting Staff	Computer Specialist	Yes	Yes	No

The "**Personnel Summary by Position**" displays staff in groups based on their personnel category.

Personnel Summary by Position									
Advisory Committee									
Last Name	First Name	NYSP	Non NYSP Institutional	Non NYSP Public	Non NYSP Private	Volunteer Institutional	Volunteer Public	Volunteer Private	
Blow	Joe	0	0	0	0	0	0	0	
Tolliver	Dennis	0	0	0	0	0	0	0	
Charles	Frank	0	0	0	0	0	0	0	
Howard	Henry	0	0	0	0	0	0	0	
Friesz	Jeff	0	0	0	0	0	0	0	
James	Harvey								
Charles	Fancis	0	0	0	0	0	0	0	
Auxiliary Staff									
Last Name	First Name	NYSP	Non NYSP Institutional	Non NYSP Public	Non NYSP Private	Volunteer Institutional	Volunteer Public	Volunteer Private	
Brown	John	2000	0	0	0	0	0	0	
Johnson	Jeanie	5000	0	0	0	0	0	0	

## Project Reports

The "Project Reports" menu contains reports for information not displayed in the participant and personnel reports noted above. **Some of the reports below must be submitted electronically to the national office prior to established deadline dates.** Please review the NYSP Guidelines and other program materials to insure compliance with all report submission deadlines.

Project Reports
<a href="#">Equipment Summary Report</a>
<a href="#">Project Visitation Summary</a>
<a href="#">Project Visitation Report (Table of Contents)</a>
<a href="#">Preliminary Attendance Report</a>
<a href="#">Final Personnel Roster</a>
<a href="#">Final Attendance Report</a>
<a href="#">Financial Analysis Report</a>
<a href="#">Final Financial Report</a>
<a href="#">Final Financial Audit Schedules</a>
<a href="#">Evaluation Report</a>
<a href="#">General Project Information</a>

The "**Equipment Summary Report**" displays a listing of the equipment entered in the Visitation Report Form and/or the Final Report Form. The summary displays as follows:

Equipment Type	Description	Serial Number	Acquisition Date	Acquisition Quantity	Location	Condition	Institutional Contribution
Other	COMPUTER	23423	12/12/2001	1	here	good	No
Football			6/6/2004	20	GYM	NEW	No
Soccer			6/6/2004	20	GYM	NEW	No
Other	SWIMSUITS		6/6/2004	50	POOL	NEW	No
Other	La Cross sticks			0	gym	La Cross sticks	Yes
Basketball	Balls donated by NYSP	NA	5/12/2004	12	Gym #1	New	

The "**Visitation Report Summary**" displays data by section in each of the following:

- A. Participating Youth - a listing to the projected enrollment, actual enrollment, average daily attendance and the returnee rate.
- B. Project Personnel - including the number of staff paid in each category by source of funds, the participant-to-staff ratio, the adjusted participant-to-staff ratio, and the number of former participants.
- C. Data related to the project schedule.
- D. A listing of the activities in the Activity Program with an indication of the availability of lesson plans, unit plans, skill tests and whether or not the activity is co-educational.

- E. A listing of topics included in the Education Program with the number of hours recorded per participant, the number of hours in small groups, the number of hours in which hands-on interactive activities are used, and the availability of lesson plans and block plans.
- F. Information regarding the nutrition program.
- G. A summary of medical information, and
- H-K. Information about institutional and financial contributions and resources.

The "**Project Visitation Report**" can be viewed by section using the "**Table of Contents**" option. All report sections are available by clicking on the corresponding section title in the table.

<a href="#">Reports Menu</a>
<a href="#">View Report As Single Page</a>
<a href="#">Project Visitation Report Cover</a>
<a href="#">Section A - Project Schedule</a>
<a href="#">Section B - Participating Youth</a>
<a href="#">Section C - Project Organization</a>
<a href="#">Section D - Personnel Directory (NYSP)</a>
<a href="#">Section E - Personnel Directory (Non NYSP)</a>
<a href="#">Section F - Nutrition</a>
<a href="#">Section G - Medical Services</a>
<a href="#">Section H - Activity Programs</a>
<a href="#">Section I - Education Programs</a>
<a href="#">Section J - Financial Resources</a>
<a href="#">Section K - Advisory Committee</a>

The "**Preliminary Attendance Report**" must be submitted no later than 10 calendar days after the beginning of the project (see NYSP Guidelines – Required Document Timetable). The illustration below shows the general layout of the report and the types of data requested (the numbers used in this illustration are fictitious and were used only for software testing.) Data is entered in the Visitation Report Form and in the Participants menu.

Submit	back					
<b>Institution</b> <u>Hall State University</u>						
<b>Project Administrator</b> <u>Nancy Bourff</u>						
<b>1. Project Schedule: Dates of operation</b> <u>6/4/2006 - 7/3/2006</u>						
<b>2. Enrollment:</b>						
(a) <b>Projected: Boys</b> <u>100</u> <b>Girls</b> <u>100</u> <b>Total</b> <u>200</u>						
(b) <b>Projected Average Daily Attendance</b> <u>160</u>						
(c) <b>Actual enrollment to date: Boys</b> <u>7</u> <b>Girls</b> <u>5</u> <b>Total</b> <u>12</u>						
(d) <b>Actual Average Daily Attendance:</b> <u>9</u>						
<b>3. Total Medical Screenings:</b> <u>260</u> <b>Medical Forms Submitted:</b> <u>255</u>						
<b>4. Staff Members: Professional M</b> <u>5</u> <b>F</b> <u>0</u> <b>Project Aide M</b> <u>3</u> <b>F</b> <u>3</u> <b>Auxiliary M</b> <u>3</u> <b>F</b> <u>2</u> <b>Supporting M</b> <u>3</u> <b>F</b> <u>3</u> <b>Total</b> <u>22</u>						
<b>5. Actual participant-to-staff ratio:</b> <u>0.82</u> to <u>1</u>						
<b>Attendance For First 5 Days</b>						
<u>Date</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>ADA (Up to and including this day)</u>	<u>Staff on this day</u>	<u>Ratio</u>
6/4/2006	7	5	12	12.00	11	1.09
6/5/2006	6	4	10	11.00	11	1.00
6/6/2006	6	5	11	11.00	11	1.00
6/8/2006	5	5	10	10.00	11	0.91
6/10/2006	3	3	6	9.00	11	0.82
Submit	back					

You will receive a confirmation when you submit the Preliminary Attendance Report online. Please print a copy of the confirmation for your records.

**NOTE:** You will not be able to submit the Preliminary Attendance Report unless you have completed the 'Medical Information' section or entered equipment in the 'Equipment' section.

The "**Final Personnel Roster**" must also be submitted no later than 10 calendar days after the beginning of the project. A portion of a report is illustrated below. To submit the report, click on "Submit." Remember to print a copy of the confirmation screen for your records.

## Final Personnel Roster

### Institution Hall State University

Staff Paid by Grant Funds	Amount	Termination Date	NYSP Position
Mike Baker	\$1,000.00		Auxiliary Staff - Student
Rick Brown	\$3,500.00		Auxiliary Staff - TEACHER
John Brown	\$2,000.00		Auxiliary Staff - VP
Dianna Crain	\$1,500.00		Auxiliary Staff - University President
Jeanie Johnson	\$5,000.00		Auxiliary Staff - Associate Professor

**Total:** 5 Staff Members of type Auxiliary Staff **\$13,000.00**

Andre Agassi	\$1.00		Professional - Player
John Belushi	\$2,500.00		Professional - Actor
James Bond	\$1,000.00		Professional - SOCCER COACH
Peyton Manning	\$1.00		Professional - Player
Rapid Waters	\$2,200.00		Professional - SWIM COACH

**Total:** 5 Staff Members of type Professional **\$5,702.00**

The "**Final Attendance Report**" is due no later than 10 calendar days after the completion of the project.

The "**Financial Analysis Report**" is a summary of the Credits and Contributions as well as the Direct Costs by type.

The "**Final Financial Report**" and "**Final Financial Audit Schedules**" are due no later 60 calendar days after the completion of the project. The "Final Financial Report" consists of numerous pages, ending with a summary page (see below). To review your data entry, click on "Financial Report Review." When you are confident that your report is accurate and complete, click on "Submit Financials." The "Final Financial Audit Schedules" carry over entries from the "Application for Participation," the "Project Visitation Report Form," and the "Final Report Form." Any data that appears to be missing from the report is entered using one of these reports:

- The "Project Visitation Report Form" can be used if the entry is made prior to the submission of your self-assessment.
- The "Final Report Form" is used for data entry after the submission of the self-assessment.

The "Final Financial Audit Schedules" are submitted automatically when the "**Submit Financials**" button is clicked. These schedules list the individual expenses entered for each of the categories within the budget ("Direct Costs to be Paid with NYSP Funds").

### RECAPITULATION

Total NYSP Grant:	\$50,000.00
Part I. Direct Costs	\$52,143.75
Part II. Total Institutional Contribution	\$80,960.00
Part III. Total Other Public Contributions	\$200.00
Part IV. Total Private Sector (Noninstitutional) Contribution	\$200.00
GRAND TOTAL	\$133,503.75

Certified by an internal auditor, CPA, university business manager or controller.

The Fiscal Officer has reviewed and approved this report for submittal. (Please enter the name)

The Project Administrator has reviewed and approved this report for submittal. (Please enter the name)

The "**Evaluation Report**" displays the "Project Assessment Report" checklist (completed manually during the evaluation visit exit interview and entered in the database by the program evaluator after the on-site evaluation).

NOTE: This report may change prior during the 2006 program due to changes in the evaluation process. Additional information regarding the evaluation will be sent to the Project Administrator.

#### Hall State University

Project Guidelines	Project Enhancement	Meals Served at Evaluation
<b>A.Participating Youth:</b> 13 <b>B.Project Personnel:</b> 25 <b>C.Project Schedule:</b> 1 <b>D.Activity Program</b> 15 <b>E.Education Program:</b> 9 <b>F.Nutritional Services:</b> 2 <b>G.Medical Services:</b> 9 <b>H.Community Participation:</b> 6 <b>I.Institutional Resources:</b> 7 <b>J.Financial Resources:</b> 2 <b>K.Application and Reporting Procedures:</b> 0	<b>A.Participating Youth:</b> 3 <b>B.Project Personnel:</b> 9 <b>C.Project Schedule:</b> 2 <b>D.Activity Program</b> 3 <b>E.Education Program:</b> 2 <b>F.Nutritional Services:</b> 1 <b>G.Medical Services:</b> 2 <b>H.Community Participation:</b> 1 <b>I.Institutional Resources:</b> 1 <b>J.Financial Resources:</b> 2 <b>K.Program Funding and Outside Resources:</b> 1	<b>Participants:</b> 23 <b>Staff:</b> 2
<b>Total Guidelines:</b> 90	<b>Total Enhancement:</b> 27	<b>Total Meals Served:</b> 25
<b>Combined Scores</b> <b>Guidelines:</b> 90 / 91 <b>Enhancements:</b> 27 / 27 <b>TOTAL:</b> 117 / 118 <b>Math/Science:</b> 0 / 2		

The "**General Project Information**" report provides an on-line record of the date reports were submitted, as well as a summary of Credits and Contributions and the number of NYSP Applicants/Participants.

### Submitted Forms and Reports

Application for Participation	Preliminary Attendance Report	Final Personnel Roster	Final Attendance Report	Final Financial Report	Community Action-Agencies
4/28/2004					3/11/2004

### Credits & Contributions and Direct Costs with Zero Actual Value

Credits & Contributions	Direct Costs
15	1

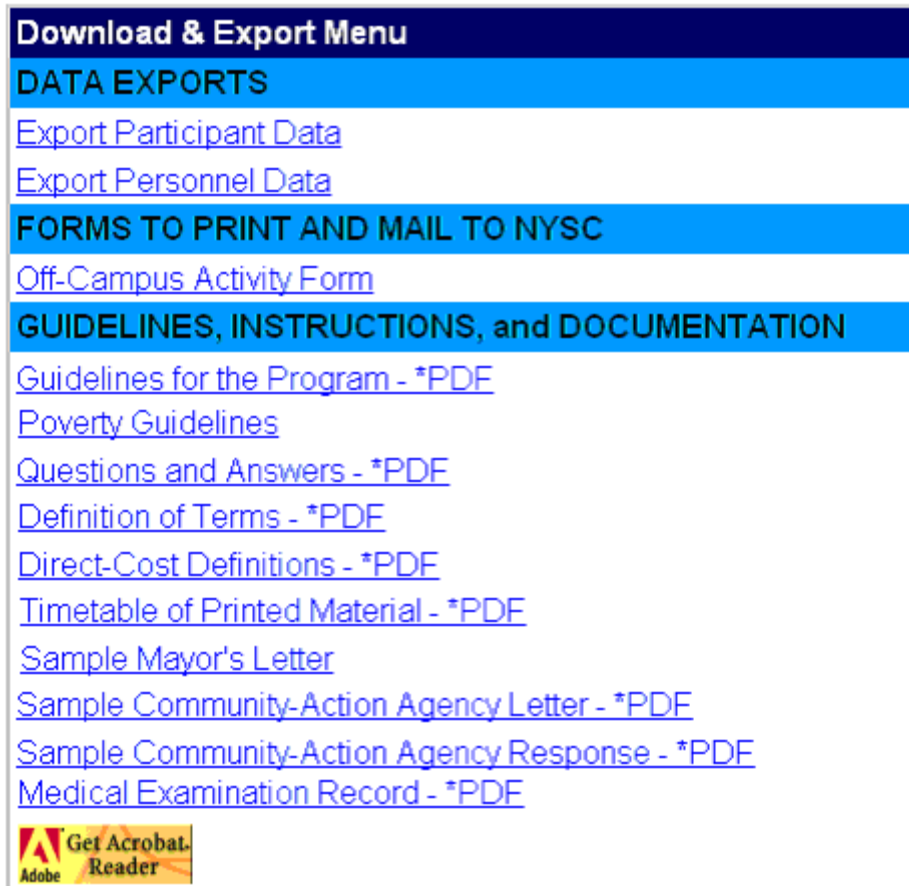
### Number of Applicants and Participants

Total Applicants	Actual Participants
48	13

## Download and Feedback Menus



The "download" menu provides access to both program data and documents that are required for the NYSP program. The menu also includes items that clarify program requirements, and that simplify different aspects of the program. A sampling of download items is illustrated below.



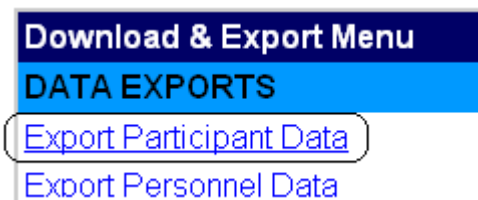
The menu includes three different types of data/documents.

- 1) The first section (Data Exports) facilitates the downloading of data for either participants or NYSP personnel. This is useful for obtaining the data needed to create mailing labels.
- 2) The second section contains an electronic copy of the Off Campus Activity Form.
- 3) The third section contains a number of documents related to NYSP. Menu items that are followed by \*PDF are documents created using Adobe Acrobat. Acrobat documents can only be read by using the Acrobat program or by downloading Acrobat Reader (a free download from the Adobe website). Clicking on the icon at the bottom of the menu will begin the process of downloading a free copy of Adobe Acrobat Reader.  
(<http://www.adobe.com/products/acrobat/readstep2.html>)



Items that are not followed by \*PDF are generally Microsoft Word® documents. These items can be downloaded and modified for individual program use.

To export participant data, first select "Export Participant Data" from the "download" menu.



The following table will then appear, allowing you to select the fields you wish to download. You may select items individually or you may select all fields by clicking on "Check All." The default data source will be data in the current year, and the default format will be as a comma delimited file. Indicate your desired year and format, select the fields you wish to download, and click on "Download."

**Select Fields For Download**

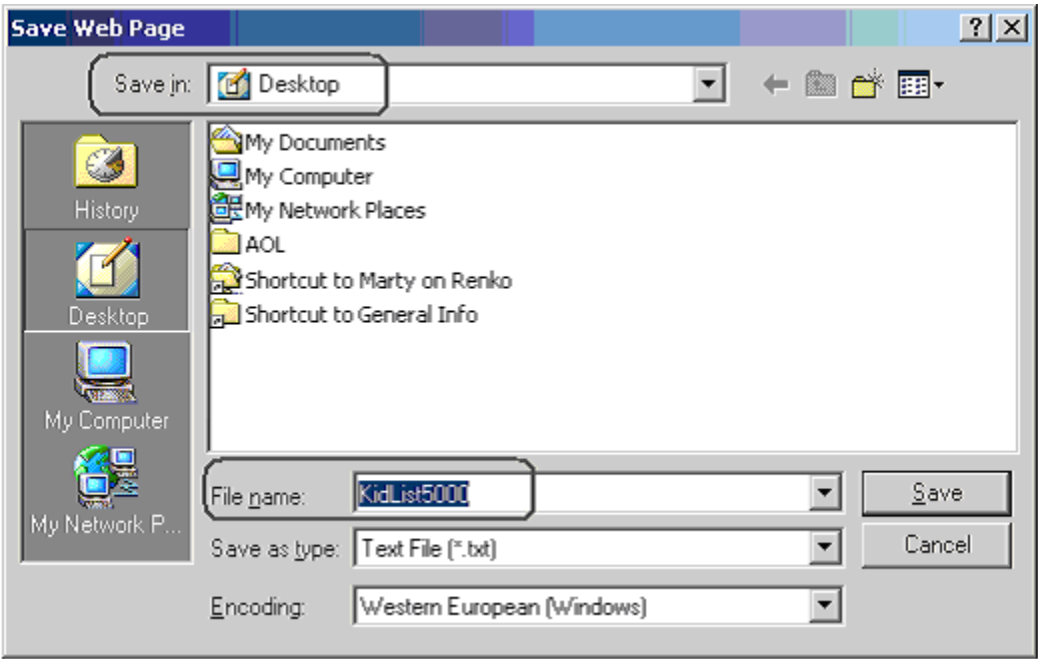
year: 
 format:

Last Name	<input checked="" type="checkbox"/>	Medical Form	<input type="checkbox"/>	Parent2 Name	<input type="checkbox"/>	School Usage8	<input type="checkbox"/>	School Usage19	<input type="checkbox"/>
First Name	<input checked="" type="checkbox"/>	Medical Exam	<input type="checkbox"/>	Parent2 Phone1	<input type="checkbox"/>	School Usage9	<input type="checkbox"/>	School Usage20	<input type="checkbox"/>
Middle Initial	<input type="checkbox"/>	Participant	<input type="checkbox"/>	Parent2 Phone2	<input type="checkbox"/>	School Usage10	<input type="checkbox"/>	School Usage21	<input type="checkbox"/>
Address	<input checked="" type="checkbox"/>	Phone	<input type="checkbox"/>	Relation	<input type="checkbox"/>	School Usage11	<input type="checkbox"/>	School Usage22	<input type="checkbox"/>
City	<input checked="" type="checkbox"/>	Yrs. in Program	<input type="checkbox"/>	School Usage1	<input type="checkbox"/>	School Usage12	<input type="checkbox"/>	School Usage23	<input type="checkbox"/>
State	<input checked="" type="checkbox"/>	Target Area	<input type="checkbox"/>	School Usage2	<input type="checkbox"/>	School Usage13	<input type="checkbox"/>	School Usage24	<input type="checkbox"/>
Zip Code	<input checked="" type="checkbox"/>	Econ. Disadv.	<input type="checkbox"/>	School Usage3	<input type="checkbox"/>	School Usage14	<input type="checkbox"/>	School Usage25	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Group	<input type="checkbox"/>	School Usage4	<input type="checkbox"/>	School Usage15	<input type="checkbox"/>	Date Added	<input type="checkbox"/>
BirthDate	<input type="checkbox"/>	Parent1 Name	<input type="checkbox"/>	School Usage5	<input type="checkbox"/>	School Usage16	<input type="checkbox"/>	Date Changed	<input type="checkbox"/>
Age	<input type="checkbox"/>	Parent1 Phone1	<input type="checkbox"/>	School Usage6	<input type="checkbox"/>	School Usage17	<input type="checkbox"/>	Added By	<input type="checkbox"/>
Application	<input type="checkbox"/>	Parent1 Phone2	<input type="checkbox"/>	School Usage7	<input type="checkbox"/>	School Usage18	<input type="checkbox"/>	Changed By	<input type="checkbox"/>

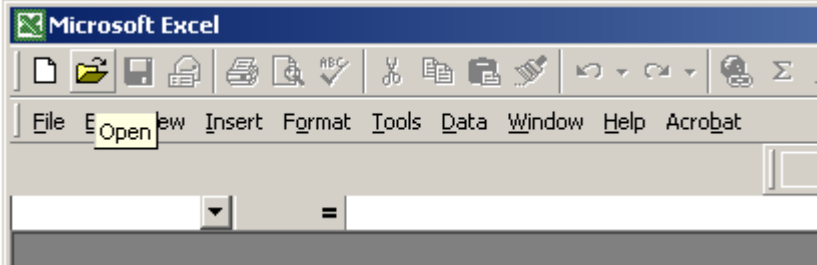
You will then get a screen that displays your data. In the illustration that follows, the Last Name, First Name, Address, City, State and Zip Code were selected for the download.

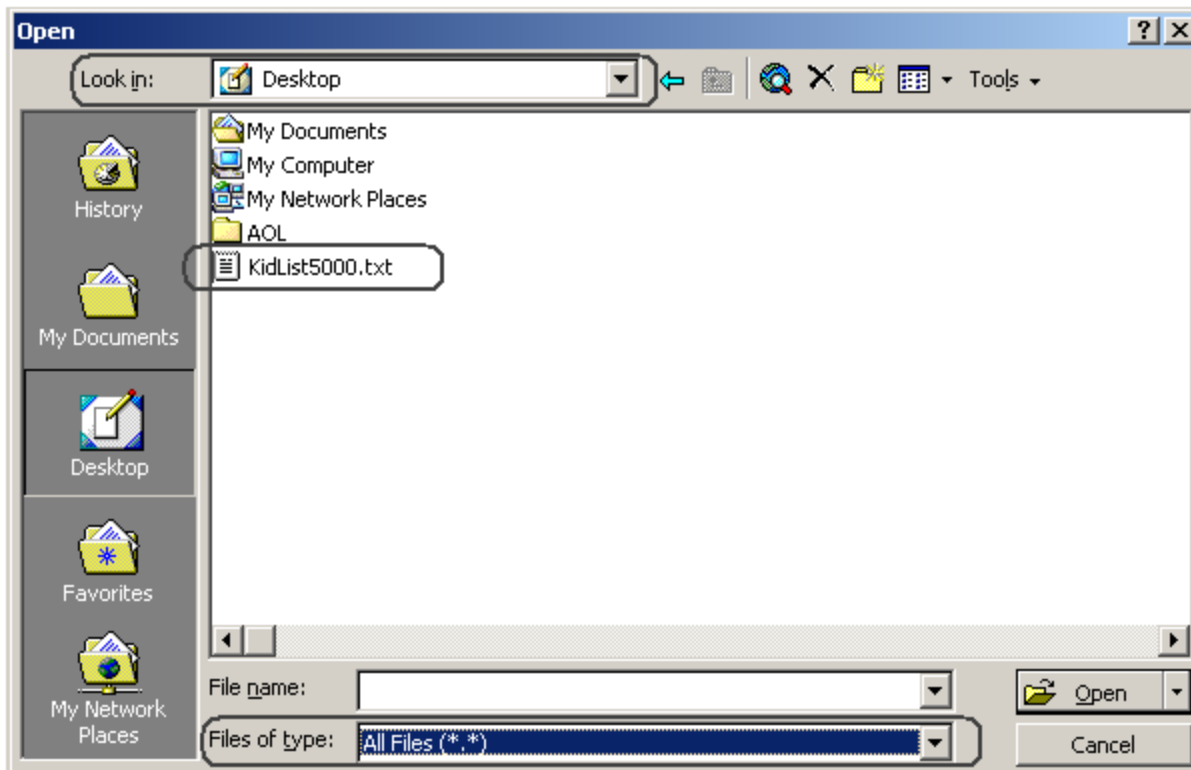
```
El Amin, Kam, 3050 David Street, Indianapolis, IN, 57688
Gomez, Bill, 3rd st., Indianapolis, IN, 57688
Gomez, Bob, 4181 bob ln, Indianapolis, IN, 57688
Gomez, Willie, 4181 bob ln, Indianapolis, IN, 57688
Hall, Ben, 3422 Lake, Indianapolis, IN, 77779
Hall, Carmen, 545 Main Street, Muncie, IN, 47302
Rose, Pete, 3050 David Street, Muncie, IN, 46032
Stein, Jeff, 444 Main Street, Marion, IN, 45645
Stein, Jeff, 444 Main Street, Marion, IN, 45645
Wilson, Gabby, 444 Main, Indianapolis, IN, 57688
Zander, Carl, 3050 David Street, Muncie, IN, 47302
```

To save this data, select "Save As" from the "File" menu. Note the location to which you are saving the file. Name your file and click "Save."



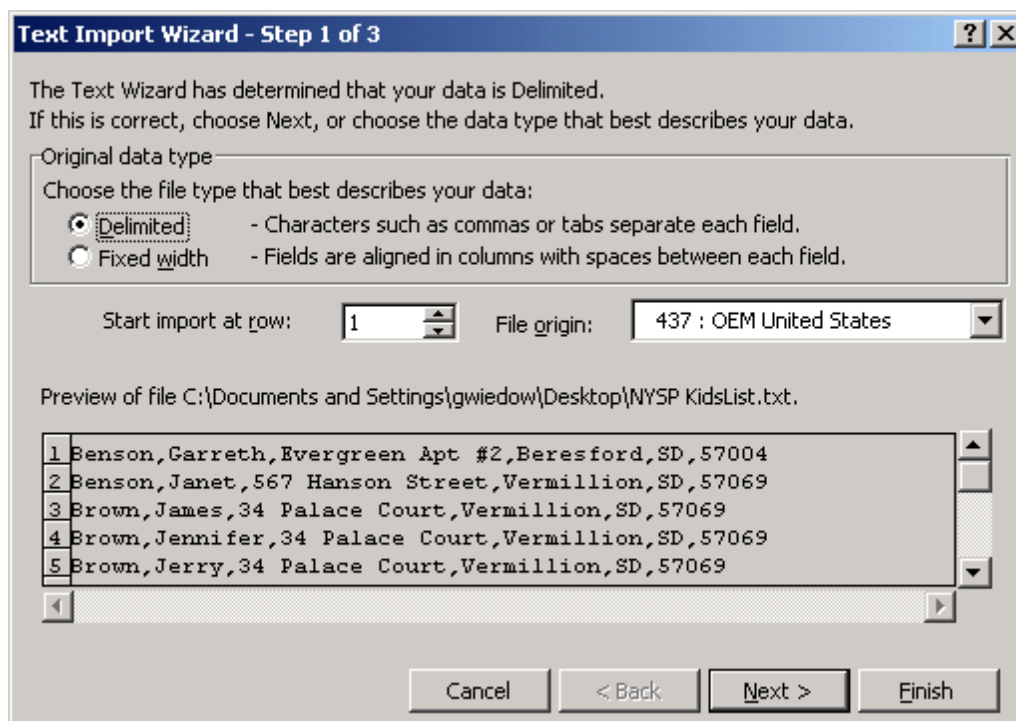
Minimize the screen and open your spreadsheet software (Microsoft Excel). Go to the "File" menu and select "Open." Locate your data file (.txt file). You may need to change the location and the file type, i.e. "Text Files" or "All Files."



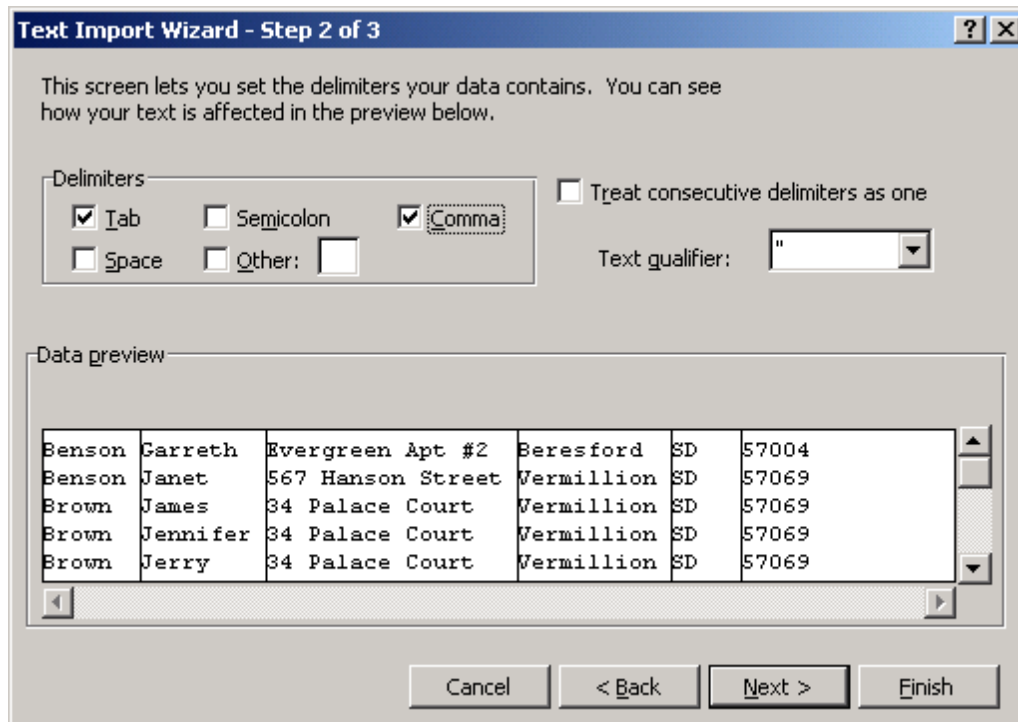


Select the name of the file and click "Open." Excel will walk you through the export. Sample screens from a Windows version of Excel are displayed on the following pages.

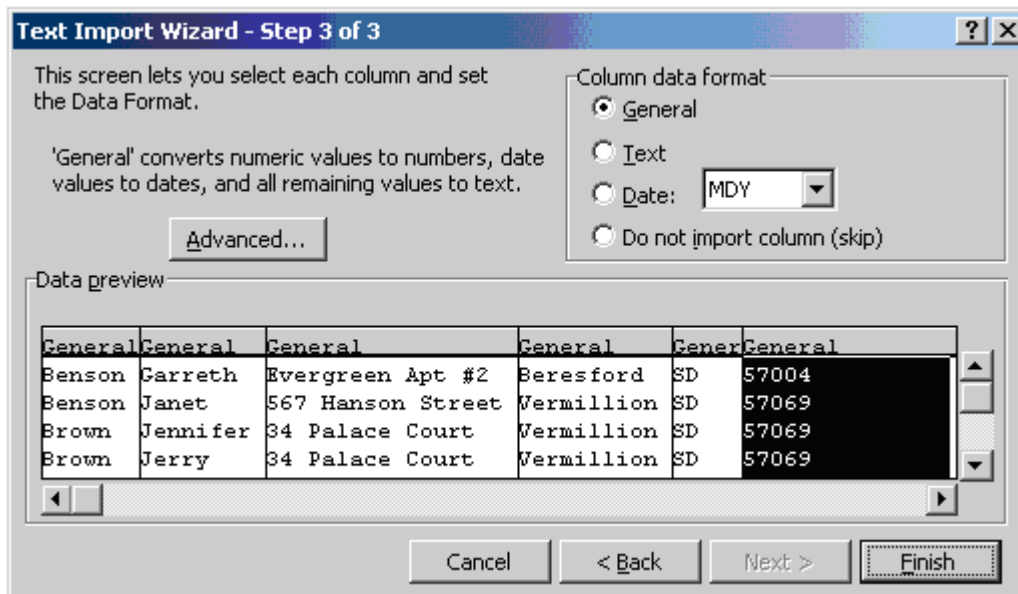
Be sure "Delimited" is selected and click on "Next."



Be sure both "Tab" and "Comma" are selected and click "Next."



Review your data.



Select "Finish," then select "Save As" from the "File" menu, give your data file a name, select "Excel Worksheet" as the "File Type" and click "Save." Using this data to create mailing labels and letters can be accomplished by using Microsoft Word® and using the wizards for mailing labels, envelopes and letters. See the "Tools" menu for options, and follow instructions in the documentation that accompanies your Word® software.

To export personnel data, first select "Export Personnel Data" from the "download" menu. Follow the same instructions as those provided above for exporting participant data.



The downloading of documents on the remainder of the download list is accomplished simply by clicking on the name of the document you wish to download. Again, Adobe Acrobat Reader is required for all PDF files, and Microsoft Word® is used for the remaining text files.

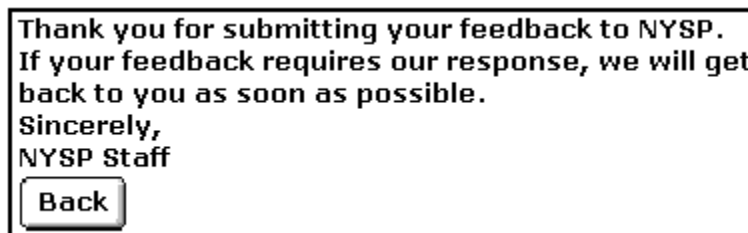


The "feedback" menu is used to report problems with the software. Provide as much detail as possible and click on "Submit."

*This feedback mechanism should be used for technical questions ONLY, not general inquiries.*

	Your e-mail	<input type="text"/>
Institution	<input type="text"/>	
Contact Name	<input type="text"/>	
Priority	<input type="text"/>	
Subject	<input type="text"/>	
URL of page this is in reference to (if applicable)	<input type="text"/>	
For bug reports, enter the line number where the error occurred (if known)	<input type="text"/>	
Did you also contact your Evaluator about this issue?	<input type="text" value="No"/>	
Please enter any other text you would like to send to NYSP:		
<input type="text"/>		
<input type="button" value="Submit"/>	<input type="button" value="Back"/>	<a href="#">contact us</a>

A confirmation screen will inform you of the successful submission of your request.



Appendix A  
Required Document Timetable



# 2006 NATIONAL YOUTH SPORTS PROGRAM Required Document Timetable

A chronological timetable listing the due dates for the submission of documents and reports is provided below. Participating institutions are required to complete a number of forms and reports before, during and at the conclusion of the Project. Failure to submit forms and reports in a timely manner can affect a Program's compliance status.

These forms and reports include the following:

	<b>Due in NYSC Office</b>
<b>1. Before operation of Project</b>	
a. Tentative Agreement	March 31, 2006
b. Application for Participation ( <i>online submission</i> )	April 28, 2006 (via Web site)
c. Letter to mayor or city manager	April 28, 2006
d. Community Action Agency Form ( <i>online submission</i> )	April 28, 2006 (via Web site)
e. <b>Accounting-Systems and Single-Audit Certification</b>	<b>April 28, 2006</b>
f. Subgrant Agreement (sent to the institution after day of all of the above materials have been received)	No fewer than 14 calendar days before the first the Project
g. Medical certification of medical coordinator(s)	No fewer than 14 calendar days before the first day of the Project
h. Water-Safety Instructor (W.S.I) certification	No fewer than 14 calendar days before the first day of the Project
i. Lifeguard certification	Before the first day of the Project
<b>2. During Project</b>	
a. Preliminary Attendance Report ( <i>online submission</i> )	No later than 10 calendar days after the first day of the Project (via Web site)
b. Final Personnel Roster ( <i>online submission</i> )	No later than 10 calendar days after the first day of the Project (via Web site)
c. <b>Self-Assessment, Medical Information (<i>online</i>) Equipment Inventory (<i>online</i>), and documentation certifying that a minimum of 90% of the participants in the program meet the poverty guidelines per NYSP Guideline A-5</b>	<b>Completed before the end of the 15<sup>th</sup> Program day and submitted to the national office prior to the last day of the program</b>
<b>3. After conclusion of project (<i>Submitted on-line from <a href="http://www.nysponline.org">www.nysponline.org</a></i>)</b>	
a. Final Attendance Report	No later than 10 calendar days after the completion of the Project (via Web site)
b. Final Financial Report and Audit Materials	<b>No later than 60 calendar days after the completion of the Project (via Web site)</b>

## **IMPORTANT**

The Grantee has no obligation to reimburse the Subgrantee for receipt of final materials after the conclusion of the Grant period, May 31, 2007.

Appendix B  
NYSP Staff Information Form



# NYSP Staff Information Sheet

The following information is required in the NYSP database (nysponline.org). This data will be entered in a secure, password protected database and will be used exclusively by NYSP for compiling reports and communicating with program personnel. Information in the database will not be shared with any outside individual, organization or agency. Please distribute this form to all NYSP staff and give the form to the computer specialist for data entry.

Please print or type the following information

---

Name \_\_\_\_\_ Title: Dr.  Mr.  Ms.  Rev.

Address \_\_\_\_\_ (the address to which you want NYSP information sent)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone where you can be reached during the normal NYSP day: \_\_\_\_\_

Alternate Telephone (secretary/receptionist, cell, home, etc.) \_\_\_\_\_

Fax Number (use number where NYSP information is received) \_\_\_\_\_

Email address \_\_\_\_\_ Gender: Female  Male

Professional Position (i.e. graduate student, high school teacher/coach, etc.) \_\_\_\_\_

---

**Position:**  Project Administrator

Advisory Committee Member – Agency: \_\_\_\_\_ Agency Position: \_\_\_\_\_

Activity Director       Liaison Officer       Medical Coordinator       Educational Specialist

Alcohol-and-Other-Drug Prevention Specialist       Senior Program Specialist       Math/Science Specialist

Professional Staff – NYSP Activity (also check one of the following:)

Badminton       Basketball       Dance       Flag Football       Gymnastics

Soccer       Softball       Tennis       Track & Field       Volleyball

Wrestling       Swimming (WSI)       Other \_\_\_\_\_

Project Aide - NYSP Activity \_\_\_\_\_ (common examples: Group Leader; Counselor; 10 Yr-Old Boys)

Support Staff (also check one of the following):

Computer Specialist       Clerical       Equipment       Custodial

Lifeguard       Additional Swim Staff       Transportation       Other \_\_\_\_\_

Employment Begin Date \_\_\_\_\_

Live/Work in Target Area?       Economically Disadvantaged?

Former NYSP Participant?       Certified Water Safety Instructor?

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*For Local NYSP Office Use Only*

Salary: \$ \_\_\_\_\_

Salary is:       Paid with NYSP Grant Funds       Paid by Non-NYSP Funds       Volunteer

If paid by Non-NYSP Funds or Volunteer, is the source:       Institutional       Public       Private

(See "Definition of Terms" for clarification if needed)

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